MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **January 2002**

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Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

MAVIS Uses a Security Code

MAVIS (the Medicaid Automated Voice Information Service) offers a high degree of security to those using the system. Providers must use their 9-digit Idaho Medicaid provider number and their 4-digit security code to enter **MAVIS**.

The security code is intended to protect the confidential information that is available to providers. It is important to keep this number safe. Please, do not leave it in an open place where an unauthorized person might see it.

When a provider calls **MAVIS** and asks for the desired option, he or she is then asked for a valid Idaho Medicaid provider number. After saying the provider number, the user is asked to key their security code using the telephone keypad. The telephone keypad is used since it prevents unauthorized persons from hearing the security code. However, users who do not have a touch-tone phone may speak this number.

What if we have more than one authorized user?

Providers with more than one user will want to establish a process to ensure that all authorized users know what the security code is. The provider also needs to establish a process for resetting security, selecting a new security code, and notifying all authorized users of the change as needed. Providers want to avoid the scenario in which one user forgets the security code and resets it without telling other users of the change.

What if we have more than one service location?

Providers with more than one service location have a different 9-digit provider number for each location. Each provider number must have a 4-digit security code. However, providers can use the same security code for all locations. To do this, an authorized user or users will need to set the security code for each location and then notify all users.

When do I need to change my security code?

Providers should consider their own office practices to determine when they will routinely change their security code, such as immediately after an authorized user leaves the provider's office staff or to meet their own regular security practices.

If a user forgets the security code, he or she will have to reset their system security with an *EDS* provider service representative and then reset the security code with **MAVIS**.

How do I change my security code?

To simply change the security code, call **MAVIS** and ask for *Change Security Code*. When prompted, enter a valid 9-digit provider number, the old security code, create a new 4-digit security code using the telephone keypad, and re-enter it to confirm the number. Remember the code and notify all authorized users of the change!

Continued on page 2

Just say the word...

This new column will be a regular feature to help providers use the new Medicaid Automated Voice Information Service, **MAVIS**. Tips will be shared each month to make it even more convenient to call **MAVIS** and get needed information. *EDS* regional Provider Relations Consultants will also be conducting demonstrations of **MAVIS** for interested providers.

Dear MAVIS: I just called and spoke to you for the first time but now I am wondering. How slowly do I need to speak to you so that you can understand? — Fast Talker

DearFastTalker: Many callers are surprised to learn that all they have to do is to just talk to me like you would to anyone else on the phone. Not slower or faster, just speak naturally and I should be able to understand what you say. If I have a problem I will ask you to repeat it. If I just don't get it, I will transfer you to a provider service representative.

Dear MAVIS: Why am I having such trouble with numbers? When I try to give you amounts for units and occurances, like 22, you ask for them one digit at a time. What gives? —Trouble with Numbers

Dear Numbers: I can see why this is frustrating but I just have trouble with numbers like that. In your example, I need you to say, "two, two" and not, "twenty-two". Fortunately, I don't have the same problem with dates!

Dear MAVIS: No offense, but I get tired of listening to you! Since I know what options I want, how do I get to them without having to listen to everything you say? — In A Hurry

Dear Hurry: Don't worry about interrupting me! That is called "barging in" and it happens all the time. If you know the option you want, just say the word and I will go right to it. Also, and this is just an example, when I ask for a provider number you don't have to wait for me to stop talking. Just barge in with the number. You can do this for any information I request. If I don't understand, I will ask you to confirm the information or to repeat it.

Dear MAVIS: I work in a pretty noisy office. Is that going to make it harder to talk to you? — Noisy Neighborhood

Dear Noisy: I am lucky enough to have a private closet to work in but I have noticed that it is harder for me to understand what callers are saying when there is a lot of background noise. I would sure appreciate it if you could avoid a noisy environment, and please don't use a speakerphone!

MAVIS Uses a Security Code

Continued from page 1

If the provider has forgotten the security code, he or she must call **MAVIS** and say *'Agent'* to reset their system security. After an *EDS* provider service representative resets the provider's system security, the provider calls **MAVIS**. The provider creates a new 4-digit security code using the telephone keypad and re-keys the number to confirm it. Remember this code and notify all authorized users of the change!

Important Notes

Your Idaho Medicaid provider number and the **MAVIS** security code are two different things. Providers need both to access **MAVIS**. Continue to use your 9-digit Idaho Medicaid provider number on all claims and correspondence submitted to the Idaho Medicaid program.

For greater security, **do not** share your security code with any unauthorized person and **do not** put it on any claims or correspondence.

For more information on **MAVIS**, see her column, *Just Say the Word*, on this page.

Phone Numbers Addresses Web Sites:

MAVIS
1-800-685-3757
1-208-383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS and ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
1-208-395-2072

DHW Websites:
www2.state.id.us/dhw
www.idahohealth.org

Healthy Connections
Region I - Coeur d'Alene
1-208-666-6766
1-800-299-6766

Region II - Moscow
1-208-882-3502
1-800-799-5088

Region III - Nampa
1-208-442-2808
1-800-494-4133

Region IV - Boise
1-208-334-4676
1-800-354-2574

Region V - Twin Falls
1-208-736-4793
1-800-897-4929

Region VI - Pocatello
1-208-236-6363
1-800-284-7857

Region VII - Idaho Falls
1-208-525-7115
1-800-919-9945

Spanish Speaking
1-800-862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
1-208-334-4930
1-800-378-3385

Phone Numbers Addresses Web Sites:

Client Assistance Line
Toll free:
1-888-239-8463

Idaho CareLine
(for Spanish speaking clients, toll free)
1-800-926-2588

EMS Bureau Review Unit
1-800-362-7648
1-208-334-2484
Fax
1-800-359-2236
1-208-334-5242

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
1-866-205-7403
Fax
1-800-352-6044
(att: DME Specialist)

Transportation Prior Authorization Unit
1-800-296-0509
1-208-334-4990
Fax
1-800-296-0513
1-208-334-4979

Medicaid Provider Fraud and Utilization Review
1-866-635-7515(tollfree)
1-208-334-2020

PCG
P.O. Box 2894
Boise, ID 83701
1-800-873-5875
1-208-375-1132
Fax: 1-208-375-1134

PRO-West (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
1-800-783-9207
Fax: 1-800-826-3836 or
1-206-368-2765

PRO-West Website
www.pro-west.org/idahomedicaid.htm

Pharmacy & Nursing Home Providers

Early Refill Edit

The Department and EDS are working on an update to the pharmacy system that would activate an on-line edit with the potential to deny claims rather than just providing messages. The Early Refill Edit will be set to compare the current claim received with the previous claim paid for the medication billed. If 75% of the days supply has been utilized, the claim can be paid. If less than 75% of the estimated days supply has been utilized, the claim will be denied for Refill Too Soon. **For this reason, it is important that all pharmacies ensure an accurate days supply be submitted on their claims.** The Department must authorize any overrides.

Quantity Limitations

All strengths of Adderall[R] tablets are priced the same per tablet. Therefore, Medicaid has placed quantity limits for on-line claims to encourage the most cost effective maintenance therapy. For example:

Adderall[R] 10mg, iii Q AM and ii Q noon	AWP = $202 /30 day supply
Adderall[R] 30mg Q AM, & 20mg Q noon	AWP = $81 /30 day supply

Please contact the physician and request prescriptions to be written for the least amount of tablets to accommodate the therapeutic dose requested. This policy is not specific to Adderall[R] as this pricing pattern is a common pricing practice of many manufacturers.

Multiple Dispensing Fees

The EDS pharmacy computer system is being updated to deny multiple dispensing fees for maintenance drugs billed to Medicaid, in one calendar month. Only one dispensing fee is allowed for the dispensing of each maintenance drug to any client as an outpatient or a resident in a care facility, except as specifically allowed by rule. The Department must authorize any overrides. **Residential care facility providers should pay particular attention.**

Prescription Splitting

The pharmacist must justify "prescription splitting" or multiple dispensing of one medication order and document the reason on the hard copy of the prescription. This must be a sound medical reason and not just for the convenience of the client, facility, provider, pharmacy, or to facilitate on-line adjudication. The Department determines the validity of such a rationale.

Credits for Skilled Nursing Facility Residents

In response to Senate Bill 1274 the Department has adopted a rule effective 9/1/01 regarding returned drugs. This rule requires pharmacy providers to credit the Department for returned "Unit Dose" packaged medications defined as single unit of use, blister packaging, or unused injectable vials and ampules dispensed for inpatients of licensed skilled nursing facilities. Idaho Board of Pharmacy rule (IDAPA 27.01.01.156.05) will serve as the guideline for such returns to the dispensing pharmacy. The intent of this rule is to have the skilled nursing facilities return any unused or discontinued medications to the pharmacy, and in turn the pharmacy will credit the department for those medications.

Please note the Pharmacy Program's new fax number: 208-364-1811.

If you have any questions please call the Pharmacy Program at 208-364-1829.

"Thank You" to Providers Who Improve Their Paper Claims!

A significant number of providers are helping to speed up claims processing by following the guidelines for paper claims. Providers have responded to the suggestions made in past MedicAide issues to speed processing. These guidelines include:

- Submitting claims in large envelopes (at least 9 by 12 inches) instead of folding them
- Stacking claims with required attachments in order instead of stapling or paper-clipping them together
- Sending only needed attachments (see your provider handbook for requirements)
- Using original, color forms

Providers who follow these guidelines speed the processing of their own claims and the paper claims of all providers. Thank you!

December 4, 2001

MEDICAID INFORMATION RELEASE # 2001-32

TO: **ALL COMMERCIAL NON EMERGENT TRANSPORTATION (NET) PROVIDERS**

FROM: **RANDY MAY,** Deputy Administrator, Division of Medicaid

SUBJECT: **REIMBURSEMENT RATES EFFECTIVE JANUARY 1, 2002**

As you know, the Department of Health and Welfare has been working with an external group of commercial transportation providers for the past two years. The group objective was to gather pertinent cost data and implement a reasonable fixed reimbursement rate. As a result, effective January 1, 2002 the reimbursement rate for Commercial Transportation providers will be based on total loaded miles per Medicaid eligible client in the vehicle per day.

Mile 1 = $5.00

Miles 2 through 5 = $1.25 per loaded mile

Miles 6 and up = $ .85 per loaded mile

(Rate/Mileage chart to be used by Medicaid on next page)

Examples:

5 total loaded miles will be prior authorized at $10.00
(1 mile at $5.00, and 4 miles @ $1.25)

15 total loaded miles will be prior authorized at $18.50
(1 mile at $5.00, 4 miles @ $1.25 plus 10 miles @ $ .85)

40 total loaded miles will be prior authorized at $39.75
(1 mile at $5.00, 4 miles @ $1.25 plus 35 miles @ $ .85)

PRIOR AUTHORIZATION (PA) PROCESS

The PA requirement will not change, but the way you request units will be a change. Please provide accurate mileage for the total miles traveled to and from the Medicaid service. Your Authorization Notification letter will reflect the total units (now defined as miles); total average amount per mile. The Medicaid Transportation Unit utilizes MapQuest on-line software when verifying mileage.

EXISTING BLANKET AUTHORIZATIONS EXPIRE DECEMBER 31, 2001

All existing blanket authorizations will terminate on December 31, 2001. Providers must submit new blanket requests for services after January 1, 2002, using the new rates.

If you have any questions regarding this information release, please contact Arla Farmer or Lloyd Forbes at (208) 334-5795. Thank you for your continued participation in the Idaho Medicaid Program.

RM/LD/LF/mg

Attachment (1)

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., Suite 102
Coeur d'Alene, ID 83814

TealP@idhw.state.id.us
1-208-666-6859
Fax 1-208-666-6856

Region 2
Joann Woodland
1118 F Street
P.O. Box Drawer B
Lewiston, ID 83501

WoodlanJ@idhw.state.id.us
1-208-799-4350
Fax 1-208-799-3350

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

JeffrieM@idhw.state.id.us
1-208-455-7162
Fax 1-208-454-7625

Region 4
Jane Hoover
1720 Westgate Drive, Suite A
Boise, ID 83704

HooverJ@idhw.state.id.us
1-208-334-0842
Fax 1-208-334-0828

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

SchellP@idhw.state.id.us
1-208-677-4002
Fax 1-208-678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

LuxS@idhw.state.id.us
1-208-239-6268 (new number)
Fax 1-208-239-6269 (new number)

Region 7
Bobbi Woodhouse
2475 Leslie Avenue
Idaho Falls, ID 83402

WoodhouB@idhw.state.id.us
1-208-525-7223
Fax 1-208-525-7176

EDS Central Office
Janice Gillett
P.O.Box 23
Boise, ID 83706

1-800-685-3757
Fax 1-208-395-2072

COMMERCIAL NON EMERGENT TRANSPORTATION (NET) PROVIDERS
REIMBURSEMENT RATES EFFECTIVE JANUARY 1, 2002

Miles	Avg p/Mile	Total Price	Miles	Avg p/Mile	Total Price
1	$ 5.00	$ 5.00	51	$ 0.96	$ 49.10
2	$ 3.13	$ 6.25	52	$ 0.96	$ 49.95
3	$ 2.50	$ 7.50	53	$ 0.96	$ 50.80
4	$ 2.19	$ 8.75	54	$ 0.96	$ 51.65
5	$ 2.00	$ 10.00	55	$ 0.95	$ 52.50
6	$ 1.81	$ 10.85	56	$ 0.95	$ 53.35
7	$ 1.67	$ 11.70	57	$ 0.95	$ 54.20
8	$ 1.57	$ 12.55	58	$ 0.95	$ 55.05
9	$ 1.49	$ 13.40	59	$ 0.95	$ 55.90
10	$ 1.43	$ 14.25	60	$ 0.95	$ 56.75
11	$ 1.37	$ 15.10	61	$ 0.94	$ 57.60
12	$ 1.33	$ 15.95	62	$ 0.94	$ 58.45
13	$ 1.29	$ 16.80	63	$ 0.94	$ 59.30
14	$ 1.26	$ 17.65	64	$ 0.94	$ 60.15
15	$ 1.23	$ 18.50	65	$ 0.94	$ 61.00
16	$ 1.21	$ 19.35	66	$ 0.94	$ 61.85
17	$ 1.19	$ 20.20	67	$ 0.94	$ 62.70
18	$ 1.17	$ 21.05	68	$ 0.93	$ 63.55
19	$ 1.15	$ 21.90	69	$ 0.93	$ 64.40
20	$ 1.14	$ 22.75	70	$ 0.93	$ 65.25
21	$ 1.12	$ 23.60	71	$ 0.93	$ 66.10
22	$ 1.11	$ 24.45	72	$ 0.93	$ 66.95
23	$ 1.10	$ 25.30	73	$ 0.93	$ 67.80
24	$ 1.09	$ 26.15	74	$ 0.93	$ 68.65
25	$ 1.08	$ 27.00	75	$ 0.93	$ 69.50
26	$ 1.07	$ 27.85	76	$ 0.93	$ 70.35
27	$ 1.06	$ 28.70	77	$ 0.92	$ 71.20
28	$ 1.06	$ 29.55	78	$ 0.92	$ 72.05
29	$ 1.05	$ 30.40	79	$ 0.92	$ 72.90
30	$ 1.04	$ 31.25	80	$ 0.92	$ 73.75
31	$ 1.04	$ 32.10	81	$ 0.92	$ 74.60
32	$ 1.03	$ 32.95	82	$ 0.92	$ 75.45
33	$ 1.02	$ 33.80	83	$ 0.92	$ 76.30
34	$ 1.02	$ 34.65	84	$ 0.92	$ 77.15
35	$ 1.01	$ 35.50	85	$ 0.92	$ 78.00
36	$ 1.01	$ 36.35	86	$ 0.92	$ 78.85
37	$ 1.01	$ 37.20	87	$ 0.92	$ 79.70
38	$ 1.00	$ 38.05	88	$ 0.92	$ 80.55
39	$ 1.00	$ 38.90	89	$ 0.91	$ 81.40
40	$ 0.99	$ 39.75	90	$ 0.91	$ 82.25
41	$ 0.99	$ 40.60	91	$ 0.91	$ 83.10
42	$ 0.99	$ 41.45	92	$ 0.91	$ 83.95
43	$ 0.98	$ 42.30	93	$ 0.91	$ 84.80
44	$ 0.98	$ 43.15	94	$ 0.91	$ 85.65
45	$ 0.98	$ 44.00	95	$ 0.91	$ 86.50
46	$ 0.98	$ 44.85	96	$ 0.91	$ 87.35
47	$ 0.97	$ 45.70	97	$ 0.91	$ 88.20
48	$ 0.97	$ 46.55	98	$ 0.91	$ 89.05
49	$ 0.97	$ 47.40	99	$ 0.91	$ 89.90
50	$ 0.97	$ 48.25	100	$ 0.91	$ 90.75

MEDICAID INFORMATION RELEASE # 2001-33

TO: ALL INDIVIDUAL (NON COMMERCIAL) NON EMERGENT TRANSPORTATION (N.E.T.) PROVIDERS

FROM: RANDY MAY, Deputy Administrator, Division of Medicaid

SUBJECT: REIMBURSEMENT RATES EFFECTIVE JANUARY 1, 2002

Federal guidelines explain that States may only approve non-emergent transportation to Medicaid services a**fter all free transportation resources have been exhausted**. This includes family, friends, charitable organizations such as churches or any other free transportation. In addition, the Governor's budget holdback requires a change in the Department's reimbursement for medical transportation. Therefore, the Department is taking the following action:

REIMBURSEMENT FOR OPERATING PRIVATE VEHICLES

Effective January 1, 2002 the reimbursement rate for Individual Non-Commercial Transportation providers will be $ .10 (ten cents) per mile/per vehicle.

This applies to both medical and non-medical (Waiver) transportation and includes the following procedure codes: 0090A, 0097A, 0080P, 0080T, and 0080B.

Exact mileage to transport the Medicaid client to and from the Medicaid services may be prior authorized after all free resources have been exhausted. Prior Authorization (PA) must occur at least 24 hours before the medical appointment time. Providers may **only bill mileage for the vehicle**, not each client in the vehicle.

Example:

If a covered Medicaid service is 25 miles from the clients home, a round trip would be 50 miles. After all other free resources have been exhausted, the provider must request prior authorization for the trip at least 24 hours in advance. The provider may receive authorization for 50 miles at ten cents per mile or $5.00. **This amount is the same, no matter how many people are in the vehicle.**

REIMBURSEMENT FOR MEALS

If long distance travel (more than 200 miles one way) is medically necessary; overnight lodging is required; and the lodging does not have cooking facilities, the Medicaid Transportation Unit (MTU) may **prior authorize meal allowances**. Effective January 1, 2002, the allowance for meals is $7.00 per meal up to a maximum of $21.00 per day if necessary.

PRIOR AUTHORIZATION (PA) PROCESS

This PA process remains unchanged. Individual Non-Commercial providers will continue to request prior authorization for all trips at least 24 hours in advance. Your Authorization Notification letter will continue to reflect the total units (now defined as miles) and total dollar amount per unit which may be billed. **Provide accurate mileage when requesting a PA.** The MTU utilizes MapQuest on-line software when verifying mileage. No prior authorization is necessary for trips which total 20 miles or less in a 24 hour period.

BLANKET AUTHORIZATIONS

At times the Department may authorize a block of trips to the same provider called "blanket authorizations".

- All existing blanket authorizations issued by the MTU for medical transportation will terminate December 31, 2001. **Providers must submit new blanket requests for services after January 1, 2002 using the new rate.**
- **You do not need to call the regional offices** for regionally issued authorizations for non-medical WAIVER (DD, A&D, TBI Waiver) transportation. DD ACCESS Units and Regional Medicaid Services will correct existing PAs to pay the correct amount.

If you have any questions regarding this information release, please contact Arla Farmer or Lloyd Forbes at (208) 334-5795.

Thank you for your continued participation in the Idaho Medicaid Program.

RM/LMC/AF/LF/mg

MEDICIAID INFORMATION RELEASE MA01-34

TO: **REHABILITATION OPTION FOR MENTAL HEALTH SERVICES PROVIDERS.**

From: **PAUL SWATSENBARG**, Deputy Administrator, Division of Medicaid

SUBJECT: **COMMUNITY CRISIS SUPPORT, PROCEDURE CODE 5000H**

Effective July 1, 2001 the reimbursement rate for Community Crisis Support, procedure code 5000H, was increased from $11.02 to $11.35 per unit. During a review of rates it was discovered that the reimbursement rate for the service was not in line with the rates paid for the comparable services of Crisis Intervention-Emergency Room (procedure code 5008H) and Individual Psychosocial Rehabilitative Services (procedure code 5003H). These three services are now reimbursed at the same rate, $11.35.

If you have questions please contact Jack Weinberg at (208) 334-5795. Thank you for your continued participation in Idaho Medicaid.

MEDICAID INFORMATION RELEASE #MA01-35

TO: **DEVELOPMENTAL DISABILITIES AGENCIES**

FROM: **PAUL SWATSENBARG**, Deputy Administrator

SUBJECT: **CLARIFICATION FOR SPEECH THERAPY STAFF QUALIFICATIONS**

During a recent review of developmental disability services performed in Developmental Disability Agencies (DDA), it was discovered that speech therapy services were being performed by paraprofessionals and billed to Medicaid as speech therapy. Medicaid reimburses speech therapy in a DDA only if a Speech and Language Pathologist actually performs the service. The Rules Governing Developmental Disability Agencies, IDAPA 16.04.11.35 defines a Speech and Language Pathologist as a person qualified to conduct speech/language evaluation and therapy, who possesses a certificate of clinical competency in speech-language pathology or who will be eligible for certification within one year of employment.

Section 3.3.10.3 of the Idaho Medicaid Provider Handbook states that speech and hearing therapy services must be provided by individuals eligible for American Speech and Hearing Association (ASHA) certification.

If you have any questions regarding this information release, please contact Mary Wells at (208)364-1955. Thank you for your continued participation in the Idaho Medicaid Program.

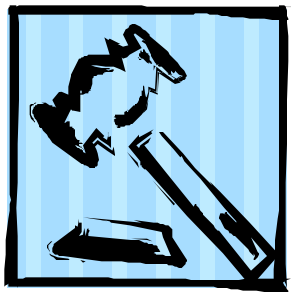
EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

Attention: Business Office

Successful SUR Unit Prosecution

During a focused review of the dental services billed to the Medicaid program, the Surveillance and Utilization Review (SUR) Unit discovered Debbie Tranmer of Pocatello, Idaho had lost her license to practice dentistry in Idaho, however, she continued to perform dental services and submit claims to the Medicaid program. Pursuant to a joint investigation by the SUR Unit and the Pocatello Police Department, the Bannock County Prosecutor's Office filed charges against Tranmer for practicing dentistry without a license.



On August 23, 2001, Tranmer pleaded guilty to four counts of practicing Dentistry without a license. As a result, the SUR Unit has excluded Tranmer from the Medicaid program for a period of ten years.

The SUR Unit is continuing to finalize the review of Medicaid dental services. To contact the SUR Unit or the Medicaid Fraud Unit to report fraud or abuse you may call (208) 334-2020 ext. 10 or toll free at (866) 635-7515.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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Cynthia Brandt,
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If you have any comments or suggestions, please send them to:

mailto:medicaide@mmis.state.id.us

or

Becca Ruhl, DHW MAS Unit, PO Box 83720, Boise, ID 83720-0036.
Fax: 208-395-2032.

MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **February 2002**

In this issue:

1 Advantages of Having the Provider Handbook Online
2 How to Use the Telephone Keypad with MAVIS
3 Resident Funds in RALFs and CFHs
3 Appeals
5 Select Pre-authorization List Jan. 2002
7 Physician/Hospital Providers: Two New CPT Codes for Prior Authorization
7 Limits on Emergency Room Visits

Regular Features:

2, 3 & 4 Phone Numbers and Addresses
4 Just Say the Word...

Information Releases

7 MA02-01: Form HW0609 PCS Progress Notes

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Advantages of Having the Provider Handbook Online

Providers receive a paper copy of the Idaho Medicaid Provider Handbook when they enroll in the Idaho Medicaid program. The handbook contains information on general Medicaid policy and specific billing instructions depending on the type of provider. The handbook is divided into five sections. Sections 1, 2, 4, and 5 are the same for all providers. There are in fact 25 different Section 3s, one for each provider type in the Idaho Medicaid program. These handbooks are also available on the Internet (http://www2.state.id.us/dhw/medicaid/provhb/index.htm).

The Internet version of the handbooks is in a pdf format. Users need to have Acrobat™ Reader4.0 or newer to open the file. However, Acrobat™ Reader is available on the State Internet site as a free download. Acrobat™ Reader allows anyone to view, navigate, and print documents in the portable document format (pdf). It also comes with a very handy online Help section.

For providers who have Internet access and have Acrobat™ Reader, there are several advantages in retrieving the provider handbook from the State Internet site. These include:

- Everyone at the service location with access to the Internet can access the provider handbook. The user can work directly from the online version or download it to their own computer.
- Not all users in an office have to be linked to the Internet. In offices with only one computer with access to the Internet, that user can download the handbook to their own computer and then share it with other users either through a LAN or by copying it to diskette and distributing the diskette.
- It is very easy to search the online handbook to find information. *For example:* If the user wants information on a specific procedure code, he or she can do a word search for that code and go directly to every reference in the handbook.
- Whenever changes are made to a particular section in the handbook, the updated version is available almost immediately online. Providers can delete their old electronic copy and replace it with the updated version.
- Users can copy information from the online version and paste it into other documents such as office guidelines.
- Providers can print as many paper copies as they want from the Internet site and distribute them to everyone who needs a copy. In addition, if one person only wants Sections 1 and 4, the user only needs to print those pages.
- Providers can see the handbooks for all provider types. All twenty-five different Section 3s are available. Providers who want to read about a different provider type can go to the Web and either copy just the paragraphs they need or download the entire file.

Continued on page 3

How to Use the Telephone Keypad with MAVIS

If you are having trouble speaking to MAVIS because you are in a loud office environment, have a soft speaking voice, or have a strong regional accent, here are some instructions on how to use your telephone keypad. There are two ways you can use your keypad: entering data and shortcuts.

Entering Data

The keypad numbers 1 and 2 can be used to answer all questions that require a YES or NO response.

1 is for YES

2 is for NO

In addition, any information MAVIS requests that is **all numbers** can be entered using your telephone keypad. You can key:

- ☎ your provider number
- ☎ security code
- ☎ revenue codes
- ☎ Social Security numbers
- ☎ national drug codes (NDC)
- ☎ dates of service (mm/dd/yy)
- ☎ dates of bith (mm/dd/yy)
- ☎ telephone numbers for faxes
- ☎ client identification numbers (MID)

To move even faster after entering the information with the keypad, press the # sign. MAVIS will jump to either the next question or return the desired information. (This only works when entering information; you cannot use the # sign with menu shortcuts.)

Since you can only key information that is all numbers, you **cannot** key information that might include letters. This means that you cannot use the keypad for the following:

- ⃠ procedure codes
- ⃠ client names
- ⃠ EOB codes
- ⃠ mailing address

Keypad Shortcuts

To by-pass the greeting and introduction, press 9 as soon as you hear MAVIS say "Good…." MAVIS will jump to the Main Menu.

To by-pass the Main Menu and go directly to a menu option, wait for MAVIS to begin to say "Main Menu…" Press the Main Menu keypad shortcut number:

1 Client Information
2 Claims Information
3 Last Check Amount
4 Provider Enrollment Status
5 Mailing Addresses
6 To Switch to a Different Provider
7 To Change the Security Code for the Current Provider

To by-pass the Client Information menu, wait for MAVIS to begin to say "What kind of…" Press the Client Information keypad shortcut number:

1 Eligibility or Healthy Connections Information
2 Other Insurance
3 Lock-in
4 Long Term Care Eligibility
5 Service Limits
6 Prior Authorization Number

To by-pass the Claims Information Menu, wait for MAVIS to begin to say "What kind of…" Press the Claims Information keypad shortcut number:

1 Claim Status
2 Procedure Code Coverage
3 National Drug Code Coverage
4 Revenue Code Coverage
5 EOB Message Codes
6 Prior Authorization Number

Phone Numbers Addresses Web Sites:

MAVIS
1-800-685-3757
1-208-383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS and ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
1-208-395-2072

DHW Websites:
www2.state.id.us/dhw
www.idahohealth.org

Healthy Connections
Region I - Coeur d'Alene
1-208-666-6766
1-800-299-6766

Region II - Moscow
1-208-882-3502
1-800-799-5088

Region III - Nampa
1-208-442-2808
1-800-494-4133

Region IV - Boise
1-208-334-4676
1-800-354-2574

Region V - Twin Falls
1-208-736-4793
1-800-897-4929

Region VI - Pocatello
1-208-236-6363
1-800-284-7857

Region VII - Idaho Falls
1-208-525-7115
1-800-919-9945

Spanish Speaking
1-800-862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
1-208-334-4930
1-800-378-3385

Phone Numbers Addresses Web Sites:

Client Assistance Line
Toll free:
1-888-239-8463

Idaho CareLine
(for Spanish speaking clients, toll free)
1-800-926-2588

EMS Bureau Review Unit
1-800-362-7648
1-208-334-2484
Fax
1-800-359-2236
1-208-334-5242

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
1-866-205-7403
Fax
1-800-352-6044
(att: DME Specialist)

Transportation Prior Authorization Unit
1-800-296-0509
1-208-334-4990
Fax
1-800-296-0513
1-208-334-4979

Medicaid Provider Fraud and Utilization Review
1-866-635-7515(tollfree)
1-208-334-2020

PCG
P.O. Box 2894
Boise, ID 83701
1-800-873-5875
1-208-375-1132
Fax: 1-208-375-1134

PRO-West (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
1-800-783-9207
Fax: 1-800-826-3836 or
1-206-368-2765

PRO-West Website
www.pro-west.org/idahomedicaid.htm

Advantages of the Provider Handbook Online

Continued from page 1

The Provider Handbooks are available at: IdahoHealth.org. Select the Medicaid link, Information for Providers, Idaho Medicaid Provider Handbook. (This page also has information on downloading Acrobat Reader and printing instructions.) Select the desired handbook section. After the section opens, work directly from the online version or copy it to your computer or print it.

To go directly to the handbook directory use the following Internet address: http://www2.state.id.us/dhw/medicaid/provhb/index.htm. You can bookmark this address for later use.

Providers who do not have access to the Internet may continue to receive additional paper handbooks by calling EDS at 1-800-685-3757.

(Acrobat is a trademark of Adobe Systems Incorporated which may be registered in certain jurisdictions.)

Resident Funds in RALFs and CFHs

Section 16.03.22.427.02.k. of the *Rules for Licensed Residential Care and Assisted Living Facilities in Idaho* and Section 16.03.19.205.02.k. of the *Rules Governing Certified Family Homes* both require that upon the death of a state client, a facility that has agreed to handle the deceased resident's funds, must convey the resident's personal funds and a final accounting of such funds to the Department within thirty (30) days.

To comply with this rule requirement you will need to send the refund check, which includes the deceased resident's name and Medicaid ID number, with the final accounting to:

Idaho Department of Health & Welfare
Estate Recovery Unit
200 N. 4th St., Suite 101
P. O. Box 83720
Boise, ID 83720-0036.

If you have questions you may contact Flo Clarke, Estate Recovery Officer, at (208) 334-6505 and or Virginia Loper, R.N., Supervisor, Residential Community Care Program at (208) 334-6626.

Appeals

To request a review of the reimbursement amount of a particular service, submit the request on an adjustment request form. EDS will review the payment amount and send a written explanation if the claim was processed correctly. To appeal EDS' review or request a review of the reimbursement amount of a particular service, send a written request for appeal to the Division of Medicaid. Include the following information with the appeal:

- Copy of EDS' review notice
- Copy of adjustment request form
- Copy of claim and all attachments
- Copy of RA

Medicaid will review the claim and respond in writing with the final determination. Send appeals to:

Medicaid
Bureau of Medicaid Benefits and Reimbursement Policy
P.O. Box 83720
Boise, Idaho 83720-0036

Just say the word...

This column is a regular feature to help providers use the Medicaid Automated Voice Information Service, **MAVIS**. Tips are shared each month to make it even more convenient to call **MAVIS** and get needed information.

Dear MAVIS: I'm trying to find out if a client has Healthy Connections but don't hear an option for this when I call you. What am I missing? — Healthy Curiosity

Dear Healthy: That's an easy one! Healthy Connections is found under the Client Eligibility option. When I answer your call, just as soon as I begin to say, "If you know the option…" barge in and just say the words *CLIENT ELIGIBILITY* or *ELIGIBILITY*. I will go to the Client Eligibility menu to give you information on eligibility, other insurance, **and** Healthy Connections including the name and telephone number of the Healthy Connections provider. If you want, I can fax the information to you or give it to you over the phone.

Dear MAVIS: I want to verify eligibility and service limits for a lot of clients all at one time and do it quickly. What can I do to speed it up? — In a Hurry

Dear In a Hurry: If you have multiple clients that you are verifying for eligibility and service limits the quickest way to get this information would be to have the information faxed to you. First, do all the client eligibility verifications and request faxes for them. When you are finished with eligibility, ask for *SERVICE LIMITS*. Again, ask for faxes. By using faxes, you not only have a hard copy of what you were checking but you also don't have to listen to me talk so much!

Dear MAVIS: I forgot my security code. Do I really need it? What do I do now? — Don't Know My Code

Dear Don't Know: The security code helps protect confidential information and will soon be required by HIPAA rules. If you forget it or need to change it because someone has left your office, just give me a call and ask for *AGENT*. I will transfer you to a representative. Tell the representative that you need to change your security code. The representative will reset your security in the system. To create the new security code, you will have to call me back and I will walk you through the steps.

By the way, please be sure to notify **all** authorized users when the security code is changed. A couple providers with large offices have already discovered how confusing it can be when one person changes the security code, no one else knows about it, and then someone else calls to set up **another new security code number!** To avoid confusion, you might want to set up a process that explains who can change the number and includes a check list of authorized users.

Dear MAVIS: I called and couldn't get through to you so I left a message for a provider service representative to call me back. Can I be sure that my call will be returned? — Let a Massage

Dear Message: I'm sorry that I have been a bit slow getting started but I have had some strange technical problems. Every message that is left in the voice message system is logged and returned by the end of the next business day.

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., Suite 102
Coeur d'Alene, ID 83814

TealP@idhw.state.id.us
1-208-666-6859
Fax 1-208-666-6856

Region 2
Joann Woodland
1118 F Street
P.O. Box Drawer B
Lewiston, ID 83501

WoodlanJ@idhw.state.id.us
1-208-799-4350
Fax 1-208-799-3350

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

JeffrieM@idhw.state.id.us
1-208-455-7162
Fax 1-208-454-7625

Region 4
Jane Hoover
1720 Westgate Drive, Suite A
Boise, ID 83704

HooverJ@idhw.state.id.us
1-208-334-0842
Fax 1-208-334-0953 (new number)

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

SchellP@idhw.state.id.us
1-208-677-4002
Fax 1-208-678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

LuxS@idhw.state.id.us
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
2475 Leslie Avenue
Idaho Falls, ID 83402

WoodhouB@idhw.state.id.us
1-208-525-7223
Fax 1-208-525-7176

EDS Central Office
Janice Gillett
P.O.Box 23
Boise, ID 83706

1-800-685-3757
Fax 1-208-395-2072

SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES FOR IDAHO MEDICAID AND DIVISION OF FAMILY AND COMMUNITY SERVICES CLIENTS
Revised January 2002

PRE-AUTHORIZATION LIST REQUIRING PRO-WEST REVIEW
Phone 1 800-783-9207 Fax 1 800-826-3836

All surgical procedures on this list require pre-authorization for inpatient and outpatient services.

Procedure	**ICD-9-CM Code October 2001**	**CPT Code October 2001**
Abdominoplasty, Panniculectomy **Effective for Dates of Service beginning 6/1/01 reviewed by Department**	86.83	15831, 15877
Arthrodesis (Spinal Fusion)	78.59 81.00 through 81.08 81.30 through 81.39 (effective 10/01/01)	22548, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22851, 27280
Cholecystectomy Effective for Dates of Service 6/1/01 and thereafter, no pre- admission review required	51.22, 51.23	47562, 47563, 47564 47600, 47605, 47610, 47612, 47620
Coronary Bypass Effective for Dates of Service 6/1/01 and thereafter, no pre- admission review required	36.10 through 36.17 36.19	33510, 33511, 33512, 33513, 33514, 33516, 33517, 33518, 33519, 33521, 33522, 33523, 33530, 33533, 33534, 33535, 33536
Hysterectomy		
Abdominal	68.3	58180, 59135, 59525
	68.4	58150, 58152, 58200, 58951, 59135, 59525
	68.6	58210
Vaginal	68.51	58550
Laparoscopic	68.59	58260, 58262, 58263, 58267, 58270, 58275,
Radical		58280, 58285
Other and Unspecified	68.7, 68.9	**58953, 58954 effective 1/1/02**
Laminectomy/Diskectomy	03.02 03.09 03.1 03.6 80.50 80.51	63001, 63003, 63005, 63011, 63012, 63015, 63016, 63017, 63020, 63030, 63035, 63040, 63042, 63043, 63044, 63045, 63046, 63047, 63048, 63055, 63056, 63057, 63064, 63066, 63075, 63076, 63077, 63078, 63172, 63173, 63180, 63182, 63185,63190, 63191, 63194, 63195,63196,63197, 63198, 63199, 63200
Reduction Mammoplasty		
Unilateral, Bilateral	85.31, 85.32	19318

NOTE: ***A post-discharge retrospective chart review will be conducted in addition to the pre-admission review for all reduction mammoplasty. PRO-West will initiate a request to the facility to obtain the medical record for review.***
Be advised that in most circumstances, Idaho Medicaid does not cover contra-lateral mastectomy and secondary reconstruction procedures.

SELECT PRE-AUTHORIZATION LIST OF DIAGNOSES AND PROCEDURES FOR IDAHO MEDICAID AND DIVISION OF FAMILY AND COMMUNITY SERVICES CLIENTS

Page 2

Procedure	**ICD-9-CM Code October 2001**	**CPT Code October 2001**
Total Hip Replacement	81.51	27130
Revision	81.53	27132, 27134, 27137, 27138
Partial Hip Replacement	81.52	27125
Transplants		
Bone Marrow Transplant		
Autologous	41.00, 41.01, 41.04, 41.07, 41.09 41.02, 41.03, 41.05, 41.06, 41.08	38241
Allogenic		38240
Liver Transplant	50.59	47135, 47136
Kidney Transplant	55.61	50380
	55.69	50360, 50365
Intestinal Transplant (effect 4/1/01)	46.97	44133, 44135, 44136
Heart Transplant (Note: Transplant facilities must be Medicare approved.)	37.5	33945
Alcohol and Drug Rehabilitation and Detoxification		
Inpatient Only	94.61	90899
Alcohol Rehabilitation	94.62	90899
Alcohol Detoxification	94.63	90899
Alcohol Rehabilitation and Detoxification	94.64	90899
Drug Rehabilitation	94.65	90899
Drug Detoxification	94.66	90899
Drug Rehabilitation and Detoxification	94.67	90899
Combined Alcohol and Drug Rehabilitation	94.68	90899
Combined Alcohol and Drug Detoxification	94.69	90899
Combined Alcohol and Drug Rehabilitation and Detoxification		
Psychiatric Admissions (Diagnosis Codes)	291.0 through 314.0	
Inpatient Only		
Physical Rehabilitation	V57 (Diagnosis Code)	
Care involving use of rehabilitation procedures	This includes admission to all rehabilitation facilities, regardless of diagnosis.	
Inpatient Only		

MEDICAID INFORMATION RELEASE MA02-01

TO: ALL PERSONAL CARE SERVICES (PCS) PROVIDERS

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECT: FORM HW0609 – PCS PROGRESS NOTES

Effective immediately, the Department will no longer provide copies of HW0609, PCS Progress Notes, for personal care services providers. Existing supplies may be used until they run out. This action is being taken as part of the Department's effort to reduce expenditures to meet the budget reductions required by the Governor's 1% holdback. Personal care services providers will be required to provide their own forms. Agencies and other providers may make copies of the existing form or create their own version containing the required information pursuant to the Rules Governing Medical Assistance, IDAPA 16.03.09.146.11**.** Each provider will maintain a written documentation of each visit made to a patient, and will record at a minimum the following information:

- Date and time of visit; and
- Services provided during the visit; and
- A statement of the participant's response to the service, including any changes noted in the participant's condition; and
- Length of visit and unless it is determined by the RMU that the participant is unable to do so, the record of service delivery should be verified by the participant as evidenced by their signature on the service record; and
- Any changes in the treatment plan authorized by the referring physician, authorized provider or supervising registered nurse or QMRP as the result of changes in the participant's condition.

A copy of the record shall be maintained in the participant's home unless authorized to be kept elsewhere by the RMU. Failure to maintain such documentation may result in the recoupment of funds paid for undocumented services.

Questions regarding this Release may be directed to Christine Cuellar at (208) 334-5795. Thank you for your participation in the Medicaid program.

Physician/Hospital Providers: Two New CPT Codes for Prior Authorization

Two new hysterectomy CPT codes, 58953 and 58954, have been added to the Select Pre-Authorization List requiring PRO Review, effective for date of service January 1, 2002. An updated list is included in this newsletter and can also be found on the Web at www.pro-west.org/medicaid_idaho/preauth.htm. Late reviews for these new codes will not be subject to penalty until after March 1, 2002. Questions may be directed to Arlee Coppinger, Medicaid Operations, at (208) 334-5754.

See the revised copy of the Select Pre-Authorization List Requiring PRO Review on pages 5 and 6 of this newsletter.

Limits on Emergency Room Visits

In accordance with federal rule, emergency room visits cannot be limited to 6 visits per calendar year for clients enrolled in the Healthy Connections managed care program. Emergency room visits for clients not enrolled in Healthy Connections are limited to 6 visits per calendar year. The edit that denied claims for visits over 6 per calendar year was turned off earlier this year so that system changes could be made to bring Idaho into compliance with the federal rule regarding clients enrolled in Healthy Connections. The system changes have been made and on December 28, 2001, edit A79 was turned back on to deny claims which exceed 6 emergency room visits per calendar year for clients **not** enrolled in Healthy Connections.

EDS
P.O. Box 23
Boise Idaho 83707

Attention: Business Office

Completing Crossover Claims

Providers who bill crossover claims are reminded of the following suggestions:

- ✓ EOMBs must be clean copies.
- ✓ Using a yellow highlighter to designate detail lines is helpful. However, any other color of highlighter will black out all text and make it completely unreadable.
- ✓ It is not necessary to black other client names since EDS adheres to strict confidentiality requirements. Blacking out client names will delay the processing of the claims for the Medicaid clients on the EOMB.
- ✓ The details on the claim and the EOMB must be billed in the same order.
- ✓ The claim and EOMB must match. Include all EOMB details for the Mediciad client even if they are Medicare non-covered. Do not include claim details on the Medicaid claim form that do not have a matching EOMB. Bill these claims separately.
- ✓ There can be a maximum of 6 details on each claim.

Providers can link their Medicare and Medicaid provider numbers to have Medicare claims automatically crossover to Medicaid. When this is done, the provider only needs to bill Medicare. Medicare will automatically send the claim to Medicaid on the provider's behalf. For help in linking your Medicaid and Medicare provider numbers, call MAVIS (1-800-685-3757 or 383-4310) and ask for *PROVIDER ENROLLMENT*.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl, Administrative Assistant
Division of Medicaid

Cynthia Brandt,
Publications Coordinator, EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid March 2002

In this issue:

1 Message from the Director of the Department of Health and Welfare
3 Compliance Date Extended for HIPAA Electronic Transactions and Code Sets
7 Attention Pharmacists and Prescribers

Regular Features:

2, 3 & 4 Phone Numbers and Addresses
4 Just Say the Word...

Information Releases

5 2002-02: Inpatient Re-certification Reviews
5 MA02-04: Correct Billing of D9430
6 2002-05:
Early Refill Edit
After Hours Emergency Medication
Anti-emetic PA
FUL Changes
7 MA02-06: Contraceptive Coverage

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Message from the Director of the Department of Health and Welfare

Editor's Note: This article was written by Karl Kurtz, the Director of the Department of Health and Welfare, before the Department's budget was presented to the Joint Finance and Appropriations Committee (JFAC). On February 14, 2002, JFAC approved the items presented in this article for inclusion in the Medicaid budget. These changes will be implemented if given final approval by the Legislature and signed into law by Governor Kempthorne.

Idaho's health insurance program for low-income families cost taxpayers 15 percent more in 2001 than it did the year before. Governor Kempthorne and I propose changes in the Medicaid program that will reduce the rate of growth to 6 percent.

We have found a way of doing that without changing eligibility criteria and without eliminating a single covered service. Instead, we propose placing the same kind of limitations on Medicaid's insurance package that you find in private insurance packages.

For example, prescription benefits in a typical private insurance package require prior authorization for more than a specified number of prescriptions. For the safety of their clients, private insurers also monitor prescriptions for duplication or overuse.

We estimate 3,600 prescriptions are refilled inappropriately each month. About 10,000 Medicaid clients have more than four prescriptions. Some of those additional medications are appropriate, but we estimate many more are not.

The Governor recommends Medicaid follow the example of private insurers by:

- Denying prescription refills until 75 percent of the original has been consumed, and
- Implementing a prior authorization system for Medicaid clients who need more than four prescriptions in any given month.

Even with these changes, we anticipate spending on Medicaid prescriptions will go up next year. Medical inflation and a rising enrollment make that a near certainty. But the increase will be $30 million smaller because we took action.

To reach our goal, we will need to make adjustments to Medicaid's automated claims system and hire two pharmacists. These steps are needed to assure Medicaid clients continue to get the medications that they need. The cost will be more than offset by the savings.

Idaho's low reimbursement rates for primary care doctors play a role in limiting access to health care for Medicaid patients. The federal government's Medicare program pays more for this service than Idaho's Medicaid program. The Governor proposes raising Idaho rates for primary care to the Medicare level. Doing so will make it easier for Medicaid patients to access needed care and avoid more expensive visits to the emergency room.

On the other hand, Medicaid rates for specialists are higher, in some cases quite a bit higher. Governor Kempthorne proposes lowering these rates to match Medicare.

Continued on page 2

Just say the word...

This column is a regular feature to help providers use the Medicaid Automated Voice Information Service, **MAVIS**.

Dear MAVIS: I need to talk to a person but when I hit zero like I used to I don't get anywhere. How do I get a real person on the phone? — Looking For Someone To Talk To
Dear Looking: There are times when providers need to talk to a provider service representative to get the answers they need but who wants to have to say "provider service representative"? That's a mouth full! If you want to talk to a PSR, just say the word, *AGENT*. This works anytime during a call after my initial greeting. There is no shortcut key (like zero) to get to a PSR but *AGENT* works all the time during normal business hours.

Dear MAVIS: I'm a pretty busy pharmacist and I need to verify NDCs a lot. What is the fastest way to do this? — Desperately Seeking NDC
Dear NDC: The National Drug Code (NDC) can be found under Claims Information if you are going the long way but I can understand why you are in a hurry. The easiest and fastest way to find an NDC is to just say the word. After my initial greeting, say *NDC*. This will take you directly to the National Drug Code option. I will ask you for the 11-digit NDC. Then you have to make a major decision, do you want to say the code or key it on the telephone keypad? Either will work, so do what works for you. And one more tip to speed things up! If you choose to key the NDC, hit # at the end and I will work even faster.

Dear MAVIS: I'm a physical therapist and submitted a claim that was denied for being over the 25 visits allowed per year. I verified that the client was eligible, so why did my claim deny? — Waiting To Get Paid.
Dear Waiting: I can see why you are perplexed. Just because a client is eligible for Medicaid does not mean that every service is covered. There are times when you also have to check service limits.

All providers who bill for services that have limitations (such as eye exams, dentures, physical therapy, or emergency room visits) need to check **both** eligibility **and** service limits. The client may have reached their limit with another provider that you don't know about. To verify that the limitation on the service you are providing hasn't been exhausted, say *SERVICE LIMITS*. Be sure that you have the procedure or revenue code that will be billed, client MID, date of service, and total number of units being billed.

Message from the Director

Continued from page 1

For example, matching Medicare's rate for emergency room physician visits will save money. The math is simple. Idaho pays $10.86 more. Multiply that by 24,449, the number of emergency room visits paid for by Medicaid last year. And what you find is that we paid $265,516 more than the federal government would have paid for the same service. That's the savings from matching just one of the hundreds of specialty cost codes.

The Governor and I recommend no change in what Idaho's Medicaid program covers, but we want to make sure we pay a reasonable amount for these services. We will avoid $8 million in Medicaid spending next year by matching Medicare's specialty and primary care reimbursement rates.

Our aim is to have a Medicaid program that taxpayers can continue to afford. We're going to continue looking for ways to reduce Medicaid's annual cost increases. In the meantime, I believe our proposals will ensure low-income Idaho families continue to have access to the medical care they need in the coming year.

Phone Numbers Addresses Web Sites:

MAVIS
1-800-685-3757
1-208-383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS and ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
1-208-395-2072

DHW Websites:
www2.state.id.us/dhw
www.idahohealth.org

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1-800-354-2574

Region V - Twin Falls
1-208-736-4793
1-800-897-4929

Region VI - Pocatello
1-208-236-6363
1-800-284-7857

Region VII - Idaho Falls
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1-208-334-2484
Fax
1-800-359-2236
1-208-334-5242

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
1-866-205-7403
Fax
1-800-352-6044
(att: DME Specialist)

Transportation Prior Authorization Unit
1-800-296-0509
1-208-334-4990
Fax
1-800-296-0513
1-208-334-4979

Medicaid Provider Fraud and Utilization Review
1-866-635-7515(tollfree)
1-208-334-2020

PCG
P.O. Box 2894
Boise, ID 83701
1-800-873-5875
1-208-375-1132
Fax: 1-208-375-1134

PRO-West (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
1-800-783-9207
Fax: 1-800-826-3836 or
1-206-368-2765

PRO-West Website
www.pro-west.org/idahomedicaid.htm

HIPAA
Health Insurance Portability and Accountability Act
Idaho Department of Health & Welfare

Compliance Date Extended for HIPAA Electronic Transactions and Code Sets

Information included in this article is excerpted from the January 14, 2002 article, *Impact Statement: HIPAA Electronic Transactions and Code Sets Compliance Deadline Delay*, by Lin Quinkert with GovConnect, Inc. Submitted by Gary Payne, IDHW HIPAA Project Manager.

NOTE: This article is intended to assist Idaho Medicaid providers in understanding recent changes in the Federal law for electronic claims submission. This article does **not** attempt to present the full intent of the HIPAA rules.

On December 27, 2001, President Bush signed Bill H.R. 3323 into Public Law 107-105, delaying the compliance deadline for the HIPAA Electronic Transactions and Code Sets Standards from October 15, 2002 until October 16, 2003. This federal law impacts all electronic transactions to or from any provider or payer. Idaho Medicaid providers who bill electronically are affected by it.

While providers might be tempted to delay compliance efforts based on the extension of the compliance date, the extension is not automatic. If providers decide to delay compliance, they must submit a compliance plan by October 16, 2002, to qualify for the extension.

What is the Department of Health and Welfare doing?
DHW is continuing to assess its own compliance efforts and has not determined if it will adhere to the original compliance date of October 15, 2002 or submit a compliance plan. More information regarding the Idaho Medicaid program will continue to be released through this newsletter as compliance deadlines draw closer.

As a part of the compliance effort, EDS and DHW are developing new electronic claims submission software to replace the current software, ECMS-PC. This new software will be HIPAA-compliant and will include all HIPAA electronic transaction and code set modifications that providers will need to bill Idaho Medicaid. The new software will be sent to Idaho Medicaid providers prior to implementation and training will be given in its use.

Must Idaho Medicaid providers submit compliance plans?
All providers should immediately analyze and consider the steps they need to take to ensure compliance with the HIPAA regulations. If a provider will **not** be compliant with HIPAA requirements by October 15, 2002, then the provider must submit a compliance plan to the U.S. Secretary of Health and Human Services. If compliance by the original deadline is uncertain, then it is recommended that the provider file a plan and take the extension. Compliance plans can be submitted anytime before October 16, 2002. Filing the plan puts the provider on record with the Secretary that they intend to come into compliance by October 16, 2003.

What must be in the plan?
The compliance plan must indicate that the provider has or will begin working towards completing compliance tasks and include summary information relating to the tasks. The summary must include the following:

- An analysis indicating where the provider is not in compliance and the reasons why.
- A budget, schedule, work plan, and implementation strategy for achieving compliance.
- An indication as to whether the provider plans to use or might use a contractor or other vendor (such as a clearinghouse) to assist the provider in achieving compliance.
- A timeframe for testing that begins no later than April 15, 2003.

Continued on page 4

HIPAA Compliance Date

Continued from page 3

Tools to assist providers in developing a compliance plan

The Secretary of Health and Human Services is required to issue a model form by March 31, 2002, that providers may use to draft compliance plans. Providers may use the model form or develop their own, as long as they include the information outlined above.

The Secretary is not required to approve compliance plans. Instead, the Secretary will forward a sample of all the plans submitted to the National Committee on Vital and Health Statistics (NCVHS) ensuring that materials are edited to prevent the disclosure of any trade secrets, commercial, financial, or other information that is privileged or confidential.

The NCVHS is mandated to analyze the sample of plans. The NCVHS will regularly publish reports containing effective solutions to compliance problems identified in the plans. These reports will not relate specifically to any one plan, but will be written for the purpose of assisting the maximum number of entities to come into compliance. The reports will address the most common or challenging problems encountered by entities submitting plans.

Summary of the important points of the law

- If the provider determines that they will be compliant by October 16, 2002, and no extension is needed, the provider does not need to submit a compliance plan.
- The Secretary is not required to approve compliance plans.
- NCVHS is required to widely disseminate reports containing effective solutions to compliance problems based on the compliance issues stated in the plans received.
- Entities can file a compliance plan any time before October 16, 2002 using the HHS' model plan or their own format.
- Failure to comply by October 16, 2002 and not submit a summary compliance plan, or submit a plan and fail to comply by October 16, 2003 could result in penalties.
- Even with the extension, you must be ready to start testing by April 15, 2003.
- The delay of the compliance date for Electronic Transactions and Code Sets Standards does not affect the Privacy Standards compliance deadlines of April 15, 2003.

Where can I get more information?

Providers should investigate the impact of HIPAA through their own professional resources. In addition, the following Internet sites are recommended:

Department of Health and Human Services (HHS):
http://aspe.os.dhhs.gov/admnsimp/Index.htm

National Committee on Vital and Health Statistics:
http://ncvhs.hhs.gov/

This newsletter will carry notices in the future when HHS publishes the model

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., Suite 102
Coeur d'Alene, ID 83814
TealP@idhw.state.id.us
1-208-666-6859
Fax 1-208-666-6856

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Fax 1-208-799-5167

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3402 Franklin
Caldwell, ID 83605
JeffrieM@idhw.state.id.us
1-208-455-7162
Fax 1-208-454-7625

Region 4
Jane Hoover
1720 Westgate Drive, Suite A
Boise, ID 83704
HooverJ@idhw.state.id.us
1-208-334-0842
Fax 1-208-334-0953 (new number)

Region 5
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2241 Overland Avenue
Burley ID 83318
SchellP@idhw.state.id.us
1-208-677-4002
Fax 1-208-678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201
LuxS@idhw.state.id.us
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
2475 Leslie Avenue
Idaho Falls, ID 83402
WoodhouB@idhw.state.id.us
1-208-525-7223
Fax 1-208-525-7176

EDS Central Office
Janice Gillett
P.O.Box 23
Boise, ID 83706
1-800-685-3757
Fax 1-208-395-2072

MEDICAID INFORMATION RELEASE 2002-02

TO: HOSPITAL PROVIDERS

FROM: RANDY W. MAY, Deputy Administrator
Division of Medicaid

SUBJECT: INPATIENT RE-CERTIFICATION REVIEWS CHANGED TO THREE-DAY LOS

Effective for inpatient admissions that begin on or after February 3, 2002, a new length of stay (LOS) criteria will be used to determine when the admission requires a PRO-West re-certification review. All inpatient stays which do not require a pre-admission review (see the Select Pre-Authorization List in the PRO-West Provider Manual), must be reviewed if the stay exceeds three days.

If the patient is not discharged by day three of the stay (count day one of the admission as day one), a review must be obtained on or before day four, and thereafter at intervals determined by PRO-West. If the re-certification date falls on a weekend or holiday, follow the procedure detailed in the PRO-West Provider Manual available from PRO-West and on the Internet at www.pro-west.org/idahomedicaid.htm.

If timely review is not conducted, penalties may apply.

PRO-West may be reached at 1- 800-783-9207 Monday through Friday 7:30 A.M. to 6:45 P.M. Mountain Time or 6:30 A.M. to 5:45 P.M. Pacific Time. FAX 1-800 826-3836.

Questions regarding this information may be directed to the Arlee Coppinger, Contract Officer at (208) 334-5754.

Thank you for your continued participation in the Idaho Medicaid program.

MEDICAID INFORMATION RELEASE MA02-04

TO: ALL DENTAL PROVIDERS

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECT: CORRECT BILLING OF CODE D9430

It has come to the attention of the Department that many providers are incorrectly billing dental code D9430. The Department would like to clarify the definition of D9430 to accomplish correct billing of this code. Idaho Medicaid uses the definition from the 2002 HCPCS and the American Dental Association CDT-3 coding manuals for code D9430.

"D9430 Office visit for observation (during regularly scheduled hours)—**no other services performed**."

The Department has found D9430 is being billed along with other services such as x-rays, fluoride varnish application, or sealants. Performing additional services on the same day as an office visit would require the reporting of a code other than D9430.

If you have questions regarding this information, please contact Colleen Osborn at (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

The following is being reprinted with a date correction in the second paragraph. The corrected date is February 28, 2002.

MEDICAID INFORMATION RELEASE 2002 –05

TO: ALL PHARMACIES

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECTS: EARLY REFILL EDIT
AFTER HOURS EMERGENCY MEDICATION
ANTI-EMETIC PRIOR AUTHORIZATION
FEDERAL UPPER LIMIT (FUL) CHANGES

EARLY REFILL EDIT

Effective February 4, 2002 **Medicaid will routinely reimburse for early refills in two instances only; dosage increase or continued treatment after a starter dose**. The electronic POS (point-of-service) denial is scheduled for implementation February 28, 2002. Prior to this on-line denial becoming effective, the pharmacist will be expected to closely watch for the Early Refill DUR alert. If you get this alert, do not fill the prescription unless it meets the criteria stated above. If uncertain or you have an emergency situation, please call the Medicaid Pharmacy Section at 208-364-1829 or toll free at 877-200-5441. **If you do submit an early refill claim** please document the reason on the hard prescription copy. These may be audited so use this temporary fix judiciously.

The electronic Early Refill Edit, which will be implemented on **February 28, 2002**, is set to compare the current claim with the previous claim paid for the same medication. If 75% of the days supply has been utilized, the claim can be paid. If less than 75% of the estimated days supply has been utilized, the claim will be denied online for Early Refill. **For this reason, it is important that pharmacies ensure an accurate days supply on their claims**.

The early refill edit may be electronically over-ridden at the pharmacy's POS with the appropriate NCPDP code for the following reason:

1C Outcome Code –Filled, with a Different Dose: The pharmacist is indicating that the prescriber has determined that a change in therapy was required; such as an increased dosage or continued treatment after a starter dose.

MO Intervention Code – Intervention with Prescriber

NOTE: These codes are intended to be used accurately. Frivolous overrides for vacation supplies, lost or stolen prescriptions will not be acceptable and will be subject to audit by the Department.

Vacation supplies or lost and stolen prescriptions are the client's responsibility. Physicians may write a second prescription to cover the loss, but the early refill edit will deny the claim at the pharmacy. If the pharmacist is confronted with a situation that may warrant possible consideration they may call the Medicaid Pharmacy Section at 208-364-1829.

AFTER HOURS EMERGENCIES

If the pharmacist, in his or her professional judgement, is faced with a potential emergency situation after normal Medicaid business hours and the eligible recipient has a serious need for a Medicaid covered medication (life threatening, possible seizures, potential hospitalization, etc.) the pharmacist may dispense **up to a 72-hour emergency supply**. They should then contact the Medicaid Pharmacy Section at 208-364-1829 or toll free at 877-200-5441on the next business day for resolution.

ANTI-EMETIC PRIOR AUTHORIZATION

In a continuing effort to make limited medication funds available to more clients, Idaho Medicaid is restricting the use of 5-HT_3 receptor agonists (Zofran, Anzemet, and Kytril) to the FDA approved indications of nausea and vomiting associated with chemotherapy, radiation or postoperative nausea. Prior Authorization of outpatient prescriptions will be required for these medications effective February 4, 2002. The unrestricted use of these medications in pregnancy alone accounted for over $200,000 this past year. Thank you for your consideration and assistance in our attempts to control the escalating Medicaid drug expenditures.

FEDERAL UPPER LIMIT (FUL) CHANGES

A complete FUL (Federal Upper Limit) price list effective January 22, 2002 is available from CMS (previously HCFA) at www.hcfa.gov/medicaid/drugs/drug10.htm.

MEDICAID INFORMATION RELEASE MA02-06

TO: ALL PHYSICIANS, OSTEOPATHS, MID-LEVELS, AND PUBLIC HEALTH DISTRICT PROVIDERS

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECT: CONTRACEPTIVE COVERAGE

The Bureau of Medicaid Benefits and Reimbursement Policy would like to clarify the correct billing procedures for HCFA 1500 billing of contraceptives.

As of January 31, 2001, Idaho Medicaid began coverage of the Mirena IUD contraceptive device. Please use CPT code **58300** for the insertion of the device and effective January 01, 2002, HCPCS code **J7302** for the IUD device.

Both Depo-Provera and Lunelle contraceptive injections are a covered benefit of Idaho Medicaid. If you are billing an Evaluation and Management (E & M) code, just bill the appropriate E & M code and the appropriate HCPCS code for the medication but do not bill for the administration of the medication. If the client comes in **only** for the scheduled injection, bill with the administration code **90782** and the appropriate HCPCS for the medication. Depo-Provera has the assigned HCPCS code **J1055**. Lunelle's assigned HCPCS code is **J1056**. Depo-Provera and Lunelle are available by prescription through your local pharmacy.

The J-codes for Mirena and Lunelle are new as of 01/01/2002. **For claims prior to 01/01/2002,** please bill with HCPCS **J3490** (unclassified drug). In box 19 of the HCFA 1500 (or the comments field for electronic submission) please place the following: "Mirena IUD NDC 50419-0421-01" or "Lunelle NDC 00009-3484-04"; whichever is appropriate.

As always, the charges billed should be your usual and customary fees. These codes can only be provided by a physician, an osteopath, or a mid-level practitioner.

If you have any questions regarding this information, please contact Colleen Osborn at (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

Attention Pharmacists and Prescribers

In a continuing effort to make limited medication funds available to more clients, Idaho Medicaid will be restricting Zofran, Anzemet, and Kytril to the FDA approved indications. Prior Authorization will be required effective February 4, 2002. The unrestricted use of these medications in pregnancy alone accounted for over $200,000 this past year. Thank you for your consideration and assistance.

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

Attention: Business Office

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
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Division of Medicaid

Cynthia Brandt,
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EDS

If you have any comments or suggestions, please send them to:

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MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **April 2002**

In this issue:

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2 Just Say the Word...

Information Releases

5 2002-07: Adult Dental Benefits Package

5 MA02-08: Notice of Medicaid 2002 Rates

6 2002-09: Medication Review for Care Management

7 Pharmacy Request for PA form

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Idaho Healthcare Conference 2002

Medicaid providers are invited to attend the annual Idaho Healthcare Conference in May and June. The conference will be held in six locations. Registration is free for all Idaho health care providers. Multiple sessions will allow participants to attend classes by all presenters.

This annual meeting is sponsored by the Department of Health and Welfare (DHW/Medicaid), *EDS*/Idaho Medicaid, the Idaho State Insurance Fund, Blue Cross of Idaho, Champus/TRICARE, CIGNA Medicare, and Regence BlueShield of Idaho.

Vendor fairs are offered to participants at all of the Healthcare Conference locations. This a valuable opportunity to talk directly with vendors about their products. Participants are encouraged to visit with the exhibitors during breaks and at lunch.

Locations are listed below.

Clarkston, WA
Tuesday, May 7, 2002
8:00 a.m. to 4:15 p.m.
Quality Inn

Coeur d'Alene
Wednesday, May 8, 2002
8:00 a.m. to 4:15 p.m.
Coeur d'Alene Inn

Idaho Falls
Tuesday, May 21, 2002
8:00 a.m. to 4:15 p.m.
Shilo Inn

Pocatello
Wednesday, May 22, 2002
8:00 a.m. to 4:15 p.m.
Student Union Building
Idaho State University

Burley
Thursday, May 23, 2001
8:00 a.m. to 4:15 p.m.
Burley Convention Center

Boise
Monday, June 10, 2001
8:00 a.m. to 4:15 p.m.
Student Union Building
Boise State University

Registration starts at 8:00 a.m. and classes begin at 8:30 a.m. at all locations. See page 3 for a description of Medicaid classes offered by DHW, EMS, and *EDS*.

Just say the word...

This column is a regular feature to help providers use the Medicaid Automated Voice Information Service, **MAVIS**. MAVIS is available 24 hours a day, seven days a week (except during maintenance). The numbers are: (800) 685-3757 (toll-free) and (208) 383-4310 (Boise calling area).

Dear MAVIS: When I'm verifying service limits for several clients, I have to either hang up or go to another option and then come back to service limits in order to go through the list of names I have. There's got to be an easier way to check multiple clients. What can I do? — Easier Limits

Dear Easier: You are right, there are a couple of easier ways to check a number of clients without having to hang up and start over. Whichever method you use, before you call, write down your list of clients, their client identification numbers, dates of service, and the revenue or procedure codes you want to check for limitations.

In the first method, we can go one client at a time checking first for eligibility and then for limitations. To do this, when you call just say the word, *ELIGIBILITY,* and give me the first client number. I will give you the information I have about eligibility for that client and a confirmation number. I will ask for another client. You say *NO* and then say *LIMITS*. I will ask you for the particular code or codes you want to check. When we finish this step I will ask if you want another client, again say *NO* and then say *ELIGIBILITY* again. I will go back to the beginning of the Eligibility menu and ask you for the Medicaid identification number for the next client. In this way, we will go one client at a time first through eligibility and then through limitations. The advantage of this method is that you only have to enter the client number once for each client.

In the second method, we can go through all the clients for eligibility and then all the clients for limitations. To do this, when you call just say the word, *ELIGIBILITY*, and give me the first client number on your list. I will give you the information I have about eligibility for that client and a confirmation number. I will ask for another client. You say *YES*. I will then go back to the beginning of the Eligibility menu and ask you for the number of the next client on your list. In this way we will go through all the names on your list for eligibility. Each time I will ask you for another client. After the last client on your list, you say NO and then say *LIMITS*. I will now ask you for the code you want to check for that last client. After I return the information on that client, I will ask "Another **code**?" You say *NO*. My next question will be, "Another **client**?" Say *YES*. We will then do service limits for the clients remaining on your list. In this method you will have to re-enter the client number for each limitation inquiry after the first one.

It is especially important for Vision and Dental providers to check both eligibility and limitations.

Please see the next question for important information on how many inquiries I can handle at one time.

Dear MAVIS: I'm getting pretty good at checking client eligibility and limitations but I am having one problem. When I have a lot of clients I want to check, sometimes I get cut off half way down my list. What's going on? — Lots of Names

Dear Lots: It sounds like you are becoming a real pro at using my MAVIS functions but even I have my limits! Because of the huge number of calls I receive every day, I have to limit the number of transactions I have in each call to ten inquiries. If you have 5 clients and want eligibility and limitation information on each one of them, that is 10 transactions and I can give you all of them at once. If you have 6 clients and want eligibility and limitations on all of them and your last check amount, I will have to stop after the first 5 clients and you will have to call back. Of course, you can call right back for another 10 transactions. By the way, did you know that a lot of providers have put my number on their speed dial?!

Phone Numbers Addresses Web Sites:

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS and ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2072

DHW Websites:
www2.state.id.us/dhw
www.idahohealth.org

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Moscow
(208) 882-3502
(800) 799-5088

Region III - Nampa
(208) 442-2808
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 236-6363
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-4930
(800) 378-3385

Phone Numbers Addresses Web Sites:

Client Assistance Line
Toll free:
(888) 239-8463

Idaho CareLine
(for Spanish speaking clients, toll free)
(800) 926-2588

EMS Bureau Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Medicaid Provider Fraud and Utilization Review
(866) 635-7515 (toll free)
(208) 334-2020

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax: (208) 375-1134

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10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax: (800) 826-3836 or
(206) 368-2765

PRO-West Website
www.pro-west.org/idahomedicaid.htm

Attention Hospital and Physician Providers:

New Time Frame to Request a PRO Standard Appeal

PRO-West now allows 180 calendar days after the receipt of a notice of non-certification to initiate the appeal process. Previously, 60 days were given for a client or provider to file a standard appeal. PRO-West has updated policies and procedures relating to standard appeals in order to be compliant with their accrediting agency, URAC/American Accreditation HealthCare Commission Standards for Health Utilization Management. This new regulation became effective February 1, 2002. Notification letters and the provider manual on the Internet site, www.pro-west.org/medicaid_idaho, now reflect this change.

Idaho Healthcare Conference

Classes offered by: Department of Health and Welfare / Medicaid

Healthy Connections / Children's Health Insurance Program (CHIP)
Expansion of the Healthy Connections program. What does it mean? We'll talk about the benefits to providers, Medicaid participants, and the public.

Emergency Medical Services (EMS)
Overview of the Medicaid ambulance review and authorization process. Includes how to file a claim, prior authorization requirements, medical necessity, and *what's in / what's out* with the new procedure codes.

Third Party Recovery
This workshop will give an overview of the Health Insurance Premium Payment Program (HIPP), a win/win for providers and Medicaid clients. Also discussed will be some of the most common problems in billing third party claims to Medicaid. Our presentation will include a discussion on casualty recovery, as well as touching on "Pay and Chase" vs. "Cost Avoidance" procedures. Learn how to identify the correct primary payer and how to expedite submission of the claim.

School-based Services
Public Consulting Group, Inc. (PCG) currently contracts with numerous school districts across Idaho and the country to assist them in maximizing federal Medicaid dollars for services provided to Special Education students. The purpose of this class is to inform Idaho school districts of the services PCG provides and the various data collection methods available to allow for proper billing of these sevices to the Idaho Medicaid program.

Classes offered by: *EDS* / Medicaid

Advanced HCFA/CMS-1500 - Beyond the Basics
More than basic instructions will be covered in this class. We will cover unusual billing solutions, requirements, and exceptions.

Advanced UB-92 - Beyond the Basics
More than basic instructions will be covered in this class. We will cover unusual billing solutions, requirements, and exceptions.

Dental 101
A presentation that will review client eligibility, procedure limitations, prior authorization, denturist guidelines, electronic data interchange, ADA claim form, and the top 5 denials.

New and Improved Provider Service Offerings
A presentation describing the following new services: Small Provider Billing Unit (SPBU), Correspondence Unit, Medicaid Automated Voice Information Service (MAVIS), and the Optical Character Recognition scanning solution.

Open Forum
An open panel discussion with *EDS* and DHW to address your questions, concerns, and comments.

Idaho Medicaid Fee Schedule on Internet

On March 18th, the Idaho Medicaid Fee Schedule became available free of charge on the Internet. Interested individuals can access the fee schedule by clicking on Fee Schedule at http://www2.state.id.us/dhw/medicaid/index.htm.

The fee schedule is searchable within the numerical list – directions on how to do this are included on the Informational Page. There is also an alphabetical list sorted by procedure code description as well as a State Only Code List and Anesthesia Code List. Updates will occur quarterly to the Fee Schedule. In July 2002 – the first scheduled update, the Internet site lists will change to include prior authorization (PA) indicators and a contact for questions.

Providers are encouraged to review their Idaho Medicaid Provider Handbooks for prior authorization (PA) requirements and contacts. Anyone who is not an Idaho Medicaid provider and would like to obtain a copy of the handbook, please go to http://www2.state.id.us/dhw/medicaid/provhb/index.htm. If you are not sure if the Medicaid service or supply requires PA, please contact EDS at 1-800-685-3757.

If you have any questions or comments related to the posting of the Fee Schedule, please contact Becca Ruhl in the Division of Medicaid Automated Systems Unit at 208-364-1949 or via email at ruhlb@idhw.state.id.us.

Pharmacy Online Adjustments

Pharmacy providers can now process online adjustments up to 90 days after the original date of service. Previously, these adjustments could only be made online prior to the end of the week. It is no longer necessary to send in a paper adjustment if the online adjustment is made within 90 days.

Breaking the Code: How to Read an ICN

An Internal Control Number (ICN) is a unique number assigned to all claims and identifies the claim on the provider's remittance advice (RA). The ICN is in a RRCCYYJJJBBBSSS format. This is a series of fields which, when read together, identify each specific claim received.

The following key will help you read an ICN:

RR - the medium in which the claim was received:

10 or 11 = paper

40 = electronic (ECS)

41 = tape crossover

43 = point of service

CC - the century in which the claim was received

YY - the year in which the claim was received

JJJ - the julian calendar date on which the claim was received (January 1 is 001, January 2 is 002, etc.)

BBB - the batch number assigned to each group of claims being processed. A range of batch numbers is assigned to each claim type for ease in identifying the claim type without having the actual claim. This can range from 001 - 899

SSS - the sequence of each claim within a batch. This can be from 000 - 999

When paper claims are received they are sorted and stamped with this number as they are being scanned. All attachments are placed directly behind the claim and receive the same ICN as the claim.

Provider Relations Consultants

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Fax (208) 334-0953

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Burley ID 83318

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(208) 677-4002
Fax (208) 678-1263

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Pocatello, ID 83201

LuxS@idhw.state.id.us
1-208-239-6268
Fax 1-208-239-6269

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150 Shoup Avenue
Idaho Falls, ID 83402

WoodhouB@idhw.state.id.us
(208) 528-5728 (new number)
Fax (208) 528-5756

EDS Central Office PRC
P.O.Box 23
Boise, ID 83706

MEDICAID INFORMATION RELEASE 2002-07

TO: ALL DENTAL PROVIDERS

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECT: ADULT DENTAL BENEFITS PACKAGE

During the 2002 session, the Idaho Legislature attached language to the Medicaid appropriation bill directing the Department of Health and Welfare to reduce Medicaid dental coverage for adults to emergency services only.

Effective **April 1, 2002**, Idaho Medicaid will only cover the following CDT-3 dental codes for adults *(individuals who have completed the month of their twenty-first birthday)* for emergency dental services as defined by the Department. The reduction of services also includes denture services, which are now allowable only to clients under the age of twenty-one.

"Dental services considered to be an emergency are those services provided because of a patient's dental condition which, after applying the prevailing dental standards of judgement and practice within the community, require immediate dental intervention." **It is required that the patient's record must have documentation indicating a dental emergency situation existed at the time of service.**

Effective April 1, 2002, only the following CDT-3 codes will be reimbursed by Medicaid for adults:

D0140 D0150 D0220 D0230 D0270 D0330 D2940 D3220 D4341 D4355 D7110 D7120 D7130 D7210 D7220 D7230 D7250 D7510 D7910 D9110 D9220 D9221 D9241 D9242 D9430 D9440 D9930

Descriptions of the codes are in the Dental provider handbook, available at www.2.state.id.us/dhw/medicaid/provhb/dental/pdf

- The following additional codes are also covered for pregnant women over the age of twenty-one: D3110, D7240, D7241, D9310 and D9420. Documentation of the pregnancy must be retained in the patient's record.
- Previous prior authorizations for non-emergent adult dental services will not be paid if performed on or after April 1, 2002.
- Please be aware that adult prophylaxis code D1110 is only allowable for a participant between ages twelve through the month of their twenty-first birthday.

Also during the initial implementation of the changes, MAVIS (Medicaid Automated Voice Information Service) may not be able to provide information regarding adult dental limitations. Please be aware that we are working to make the system changes proceed as smoothly as possible.

If you have any questions regarding this information, please contact Colleen Osborn at (208) 364-1923. Thank you for your continued participation in the Idaho Medicaid Program.

MEDICAID INFORMATION RELEASE MA02-08

TO: ALL HOSPITAL ADMINISTRATORS

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECT: NOTICE OF 2002 MEDICAID RATES FOR EACH SWING-BED DAY AND ADMINISTRATIVELY NECESSARY DAYS (AND)

Effective for dates of service on or after January 1, 2002, Medicaid will pay the following rates:

Swing-Bed Day	$156.38 per day
Administratively Necessary Day (AND)	$129.70 per day

If you have any questions concerning these rates, please contact Michele Hanrahan at (208) 364-1817.

Thank you for your continued participation in the Idaho Medicaid Program.

MEDICAID INFORMATION RELEASE 2002-09

TO: ALL PHYSICIANS AND PHARMACISTS

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECT: MEDICATION REVIEW FOR CARE MANAGEMENT

Effective April 1, 2002, Idaho Medicaid will cover, without prior authorization (PA), up to four prescription drugs or drug products per calendar month for eligible persons 21 years of age and older, beginning the calendar month following their 21st birthday. Drugs or drug products in excess of four prescriptions per calendar month must be prior authorized by Medicaid. Clients shall be financially responsible for prescription charges that have been denied PA coverage by Medicaid.

This review will occur in three formats: retrospective medication profile review, electronic POS (Point of Service) review and batch/paper claims review. If a client is enrolled in Healthy Connections or if they reside in a skilled nursing facility, the review will be retrospective. More information on the retrospective review process will be provided in the June 2002 MedicAide newsletter.

All other client's prescriptions will be subject to the PA requirement. Claims in excess of four different drugs submitted via POS will be denied on line unless a PA has been issued. Pharmacists who receive an electronic denial will find it necessary to refer the client to his/her physician to request PA consideration. This will require a collaborative effort by both the physician and pharmacist. The pharmacist will need to supply the appropriate NDC number(s) on the PA Request Form. Claims submitted via paper or batch will be subject to the same review.

If a PA has been issued, the claim must have the correct PA number for that prescription to process. The PA number will be faxed to the pharmacy and must be entered in the PA field for all claims. If the PA request is denied, the pharmacy and the client will be notified. Clients will receive a Notice of Decision for denials that includes their appeal rights.

PRIOR AUTHORIZATION FORM

Please use the attached PA Request Form and make additional copies for future use. The pharmacy will need to identify the NDC number(s) and the physician must sign the request. Send the PA request via mail or fax to:

Pharmacy Program
Bureau of Medicaid Care Management
PO Box 83720
Boise ID 83720-0036

FAX: 208-364-1864

AFTER HOURS EMERGENCIES

If the pharmacist, in his or her professional judgment, is faced with a potential emergency situation after normal Medicaid business hours and the eligible client has serious need for a Medicaid covered medication (life threatening, possible seizures, potential hospitalization, etc.) the pharmacist may dispense up to a 72-hour emergency supply. They should then contact the Medicaid Pharmacy Section at 208-364-1829 or toll free at 877-200-5441 on the next business day for resolution.

ELECTRONIC ADJUSTMENTS AND REVERSALS

Pharmacy providers can now process on-line adjustments up to 90 days after the original date of payment. Previously, these adjustments could only be made on-line prior to the end of the week. It is no longer necessary to send in a paper adjustment form if the on-line adjustment is made within 90 days of the payment date.

Thank you for your consideration and assistance in our attempts to control the escalating Medicaid drug expenditures.

Attachment: Idaho Medicaid Pharmacy Program Request For Prior Authorization (see page 7 for a copy of the form. This form may be duplicated and used as needed.)

IDAHO MEDICAID PHARMACY PROGRAM
REQUEST FOR PRIOR AUTHORIZATION

PART 1: TO BE COMPLETED BY PRESCRIBER

Prescriber's Medicaid provider number or professional license number:	Date of request:
Prescriber Name:	Patient Name:
Prescriber Specialty:	Patient Medicaid ID number:
Phone ( ) Fax ( )	Patient's date of birth: / /

Medication name, strength & dose	Diagnosis	Pertinent medical information justifying medication use (attach notes as appropriate)
1.		
2.		
3.		
4.		
5.		

Continued justification (treatment failures, labs, estimated therapy length, etc.). Attach notes as appropriate.

Physician Signature:_____ Date:_____
(By signature, the physician confirms the criteria information above is accurate and verifiable in patient records.)

PART 2: PARTICIPATING PHARMACY

Pharmacy Name:_____ Phone: (_____) _____

Address:_____ Fax: (_____) _____

NDC of requested medications:

1. _____
2. _____
3. _____
4. _____
5. _____

PART 3: Submit **completed** requests by fax or mail to:

Idaho Medicaid Pharmacy Unit
PO Box 83720
Boise, Idaho 83720-0036

Fax: (208) 364-1864

Medicaid Office use only

Date: _ _/_ _/_ _ _ _ Approved Changed Denied

RPh/Tech:_____ PA Number:_____ Comments:_____

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

Attention: Business Office

Try this ICN quiz!

The ICN on your RA is 112001328252047.

1. Was your claim submitted on paper or electronically?
2. What day was it received?
3. How many claims are ahead of yours in batch 252?

To help you crack the code, the ICN is given below divided into its different fields.

RR	CC	YY	JJJ	BBB	SSS
11	20	01	328	252	047

The Answer:

1. The claim was submitted as a paper claim.
2. It was received on November 24, 2001 (the 328th day of the year).
3. There were 47 claims ahead of yours in batch 252. This was a trick question. Remember that the first claim in the batch is numbered zero so a claim with the number 47 is actually the 48th claim in the batch.

See *Breaking the Code* on page 4 for a full explanation of the ICN.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Administrative Assistant
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **May 2002**

In this issue:

1 HIPAA: Understanding the Role of the Privacy Officer
3 Pharmacy Providers: Claim Reversals
3 Nursing Home and ICF/MR Wage Survey
8 Vision and Dental Providers: Service Limits

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2 Just Say the Word...

Information Releases

4 2002-11: New Reimbursement Methodology for Medicare Part B Crossover Claims
5 2002-10: Correct billing Procedure for Obstetric Care
6 MA02-12: Additional Changes in State-Only Codes and Program Changes/Reminders

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

HIPAA:
Understanding the Role of the Privacy Officer

HIPAA requires each health care organization to assign responsibility to an individual who will assure that the organization is meeting the requirements to protect the privacy of the client information it receives. This person is the designated 'Privacy Officer.' For small agencies this may be an additional assignment to an individual staff member, but for an agency the size of the Idaho Department of Health and Welfare, it is a full time job, Gary Payne will be serving in this role.

The Privacy Officer responsibilities for the Department of Health and Welfare (DHW) will include:

- Assuring the delivery of initial and on-going privacy training and orientation to all IDHW employees, volunteers, medical and professional staff, contractors, alliances, business partners, and other appropriate third parties.
- Ensuring compliance with privacy practices and consistent application of sanctions for failure to comply with privacy policies for all individuals in the DHW's workforce, extended workforce, and for all business partners, in cooperation with human resources, the divisional director, administration, and legal counsel as applicable.
- Initiating, facilitating and promoting activities to foster privacy information awareness within the DHW.
- Working cooperatively with DHW's Divisional Administrators in overseeing client rights to inspect, amend, and restrict access to protected health information when appropriate.
- Establishing and administering a process for receiving, documenting, tracking, investigating, and taking action on all complaints concerning the DHW's privacy policies and procedures in coordination with legal counsel.
- Cooperating with the Office of Civil Rights and other legal entities in any compliance reviews or investigations.
- Serving as information privacy consultant to the DHW's organizational units to assure that new initiatives are compliant with HIPAA.

The Federal Law requires that by April, 2003, each health care provider will formally identify and inform their clients how and whom to contact in their organization who will be the privacy officer responsible for that organization's HIPAA compliance.

The IDHW HIPAA Project Team

Shannon Barnes is Project Manager leading the Idaho Department of Health and Welfare HIPAA compliance efforts. **Gary Payne** is the Privacy Officer, and **Robin O'Neill** is the Communication Coordinator. Additional staff serve as team leads, focusing their efforts on identifying and designing specific changes DHW will make to their policies, business processes, automated systems, and technology to meet HIPAA compliance.

Just say the word...

This column is a regular feature to help providers use the Medicaid Automated Voice Information Service, **MAVIS**. MAVIS is available 24 hours a day, seven days a week (except during maintenance). The numbers are: (800) 685-3757 (toll-free) and (208) 383-4310 (Boise calling area).

Dear MAVIS: I submitted a crossover claim and tried checking the status using your claim status option. The information I entered was my provider number, the client MID, date of service, and billed amount. The response I got was *"There are no claims found..."* I know I submitted the claim because a couple days later I received payment. What went wrong? How do I check claim status for crossover claims? — Confused About Crossover

Dear Crossed: You aren't the only one who is confused. For some reason I am having a problem with verifying crossover claims when providers use the provider number, client MID, date of service, and billed amount. We are working on finding the bug in my system and fixing it. For the time being, if you need to know the claim status and don't have the ICN, just say the word, *AGENT*. A provider service agent will be able to help you.

The good news is that there is a faster way to get the information you want; use the ICN and you won't have any trouble with MAVIS.

I am wondering if you are submitting the claim and then immediately checking to see if it has entered the system. What I have found is that some providers check claims status and rebill when they don't find their claim. This is a bad idea because then you end up with both a paid claim (assuming the original claim was billed correctly) and a pended claim that will be denied as a duplicate claim.

If I may suggest, submit your claim and wait to check it on your remittance advice. This way, you will avoid creating a duplicate claim and the confusion it might cause. If you want to check the claim status after you receive your RA, use the claim ICN number, and I will be able to give you the information you need.

By the way, you can find any claim, not just crossover cliams, by using the ICN. I think you will find it is fastest way to do it.

Dear Readers: This is so embarrassing but I thought I should mention it. The other day someone called the EDS business office and asked to speak to me. Well, they were given my regular telephone numbers to use but it got me to thinking.

You do know that I'm not human, don't you? In fact, I am just a small box of circuits and memory chips in a backroom in Boise with a part of my brain in Texas. I stand 22 inches tall and weigh about 40 pounds. I hope you aren't disappointed by this and that we can still work together (but I will understand if I never get flowers).

Please, always use my Medicaid Automated Voice Information Service telephone numbers when calling EDS for information about the Idaho Medicaid program. The numbers are: (800) 685-3757 (toll-free) and (208) 383-4310 (Boise calling area). I'm always here, 24/7, as we say. — **MAVIS**

Contact the DHW HIPAA Project

Mail: DHW HIPAA Project
Attn: Gary Payne, Privacy Officer
Department of Health and Welfare
PO Box 83720
Boise ID 83720-0036

Email: HIPAAComm@idhw.state.id.us

Fax: DHW HIPAA Project (208) 334-0645

Internet: www.idahohealth.org and click on the H & W HIPAA quick link

HIPAA
Health Insurance Portability and Accountability Act
Idaho Department of Health & Welfare

Phone Numbers Addresses Web Sites:

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS and ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2072

DHW Websites:
www2.state.id.us/dhw
www.idahohealth.org

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Moscow
(208) 882-3502
(800) 799-5088

Region III - Nampa
(208) 442-2808
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 236-6363
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-4930
(800) 378-3385

Phone Numbers Addresses Web Sites:

Client Assistance Line
Toll free:
(888) 239-8463

Idaho CareLine
(for Spanish speaking clients, toll free)
(800) 926-2588

EMS Bureau Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Medicaid Provider Fraud and Utilization Review
(866) 635-7515 (toll free)
(208) 334-2020

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax: (208) 375-1134

PRO-West (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax: (800) 826-3836 or
(206) 368-2765

PRO-West Website
www.pro-west.org/idahomedicaid.htm

Pharmacy Providers: Claim Reversals

Pharmacy claims can only be **reversed once** when they have the same date of service (DOS), client Medicaid identification number (MID), and prescription number, regardless of NDC. If you need to reverse the second claim, you must submit a paper adjustment form. If you receive the DUR alert 624 and you do not see a payment, call MAVIS/AGENT/EDS and ask for the ICN. Use the ICN to submit a paper adjustment. You may rebill the claim **after** the adjustment has been finalized.

The following examples may help clarify the process and help you understand why you received DUR alert 624.

Example A:

Pharmacy submits **Claim 1** for DOS March 15,2002, days supply = 30, prescription number 6617, NDC 52152024502. This claim goes to Pay.

Pharmacy submits **Claim 2** for DOS April 1, 2002, days supply = 30, prescription number 6617, NDC 52152024502. This claim will deny for 624 because it 'bumps' against **Claim 1** and is within 75% of the days supply with the same DOS, MID, and prescription number.

In Example A, the pharmacy cannot bill for the same prescription within 75% of the days supply. The client will have to wait until at least April 6, 2002 to refill the prescription.

Example B:

Pharmacy submits **Claim 1** for DOS May 15, 2002, days supply = 30, prescription number 1597, NDC 52152024502. This claim goes to Pay.

Pharmacy reverses **Claim 1**. The reversal is accepted and **Claim 1** is now considered denied.

Pharmacy submits **Claim 2** with same DOS May 15, 2002, same days supply = 30, same prescription number 1597, *different* NDC 52152024503. This claim is goes to Pay.

Pharmacy tries to reverse **Claim 2**. The reversal will be **REJECTED** because it has the same date of service, client MID and prescription number as **Claim 1**. **Claim 2** remains paid.

Pharmacy submits **Claim 3** with DOS June 1, 2002, same MID, and same prescription number as **Claim 2**, that claim will set 624 because **Claim 2** has not been reversed and Claim 3 is within 75% of the days supply of **Claim 2**.

In Example B, the pharmacy will have to submit a paper adjustment form with the ICN for Claim 2. After the adjustment is finalized, the pharmacy may submit Claim 3 for payment.

Nursing Home and ICF/MR Wage Survey

Each year, the Department of health and Welfare gathers information from all nursing facilities (including those which are hospital-based) and intermediate care facilities for the mentally retarded (ICF/MR) in order to determine wage data for select employees within the nursing home industry. Recently DHW mailed the annual MIR 2002 Information Request Survey form to all effected facility providers.

Providers are reminded that if their facility was certified for participation in the Medicaid program before March 15, 2002, they must respond by May 15, 2002. Providers that have enrolled since March 15 are not required to complete the survey this year.

The survey covers employees in the following positions: registered nurses, licensed practical nurses, qualified mental retardation professionals (ICF/MR only), certified nurses aides, and therapy technicians (ICF/MRs only). The survey asks for the name, position, wage per hour, and hours per week for all employees in these positions.

If you have questions or need a form to complete, please contact Michele Hanrahan at (208) 364-1817 or Myers and Stauffer at (800) 336-7721.

MEDICAID INFORMATION RELEASE 2002-11

TO: **ALL MEDICAID PROVIDERS BILLING MEDICARE PART B CROSSOVER CLAIMS**

FROM: **PAUL SWATSENBARG, DEPUTY ADMINISTRATOR**
Division of Medicaid

SUBJECT: **NEW REIMBURSEMENT METHODOLOGY FOR MEDICARE PART B CROSSOVER CLAIMS**

Effective May 1, 2002, Medicaid will change the reimbursement methodology for Medicare Part B crossover claims. The 1997 Balanced Budget Act (BBA) allows states flexibility in establishing the amount of payment for Medicare cost-sharing.

Currently Medicaid pays crossover claims based on the full Medicare approved amount, i.e. after the provider has received the payment from Medicare, Medicaid pays the full amount of both the co-insurance and the deductible. The new reimbursement methodology will be based on the amount that Medicaid pays for the same service for a client not entitled to Medicare. The new reimbursement methodology will treat a Medicare payment as any third party payment.

The new claims submission process is outlined below:

- A crossover claim can be submitted electronically by the carrier, or on paper.
- If submitted on paper, the Medicare EOB showing billed amount, paid amount, amount applied to deductible, and amount applied to coinsurance, must be attached.
- AIM will be modified to process crossover claims at the detail level, which means that the claim will go through the computerized audit and edit processes.

The Medicaid payment is calculated by:

1. Entering the total Medicare payment in the "other insurance" field on the claim and subtract the amount from the billed amount.
2. If the Medicaid fee for service allowed amount is equal to or less than the amount paid by Medicare, no additional payment will be made.
3. If the Medicaid fee for service allowed amount is greater than the amount paid by Medicare, the payment will be the difference between the Medicaid allowed amount and the Medicare payment.

If you have any questions, please contact Elvi Antonsson at 208-364-1810.

Thank you for your continued participation in the Medicaid Program.

PS/ea

Provider Relations Consultants

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Fax 1-208-239-6269

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Idaho Falls, ID 83402

WoodhouB@idhw.state.id.us
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Fax (208) 528-5756

EDS Central Office PRC
Sarah Paulsen
P.O.Box 23
Boise, ID 83706

(208) 395-2132
Fax (208) 395-2072

MEDICAID INFORMATION RELEASE #MA02-10

TO: ALL MEDICAID PROVIDERS OF OBSTETRIC CARE

FROM: PAUL SWATSENBARG, DEPUTY ADMINISTRATOR
Division of Medicaid

SUBJECT: CORRECT BILLING PROCEDURES FOR OBSTETRIC CARE

The Department would like to clarify for Medicaid providers the Current Procedural Terminology (CPT) guidelines and billing procedures for obstetric care that are currently accepted by Medicaid. Please use the following guidelines, codes, and billing procedures when billing obstetric care for Medicaid clients:

When billing with your individual or group provider number and you are the sole provider of the obstetric care for the client's pregnancy (antepartum, delivery, and postpartum care), please bill with one of the following global codes:

Vaginal Delivery - CPT code 59400; or

Cesarean Section: CPT code 59510

· **Antepartum care** includes a history and physical, monitoring of weight, blood pressure, fetal heart tones, routine chemical urinalysis, and monthly visits up to 28 weeks gestation, biweekly visits up to 36 weeks gestation, and weekly visits until delivery.

· **Delivery** includes hospital admission with admission history and physical exam, management of uncomplicated labor, vaginal delivery with or without episiotomy, with or without forceps, or cesarean delivery.

· **Postpartum care** includes hospital and office visits following an uncomplicated vaginal or cesarean delivery and family planning consultation.

If you are not the sole provider of the obstetric care:

Example 1:

Provider A sees client for four prenatal visits.

Bill CPT 59425 (4-6 antepartum visits)

Provider B sees client for remaining 8 visits.

Bill CPT 59426 (7 or more antepartum visits)

Client moves to another town. Provider C admits client to hospital and provides

delivery and postpartum services.

Bill CPT 59410 (delivery and postpartum care)

Example 2:

Doctor sees the client at a rural health clinic (RHC) or a federally qualified health center (FQHC) for antepartum and postpartum care that is billed under the RHC or FQHC provider number as an encounter visit. The same doctor also provides delivery care at the hospital and bills with his own individual provider number.

Bill with the appropriate CPT "delivery only" code. The doctor should not bill the "global" 59400 or 59510 OB code because the antepartum and postpartum care will be billed under the RHC or FQHC encounter rate.

All other medical visits or services provided within this time period that are not related to obstetric care should be coded and billed separately with the appropriate CPT code.

Please refer to your CPT 2002 for additional guidance concerning appropriate billing for complications of pregnancy.

Effective May 1, 2002, procedure codes 5940P and 5951P will longer be valid. Please bill with the appropriate CPT code instead of the state-only code.

Certain non-citizen women, who are not Medicaid eligible, may be covered for OB services **only** while hospitalized. Antepartum and postpartum care is not covered in these cases.

If you have questions regarding this information, please contact Elvi Antonsson at (208) 364-1810. Thank you for your continued participation in the Idaho Medicaid Program.

MEDICAID INFORMATION RELEASE #MA02-12

TO: DURABLE MEDICAL EQUIPMENT (DME) VENDORS
FROM: PAUL SWATSENBARG, DEPUTY ADMINISTRATOR

SUBJECT: ADDITIONAL CHANGES IN STATE-ONLY CODES AND PROGRAM CHANGES/REMINDERS

Effective **June 1, 2002**, the following State-only codes will be deleted. National codes to use in place of these State-only codes are listed below.

State-Only codes to delete/crosswalk

State-Only code	Description	National HCPCS code Crosswalk	Price	Prior Authorization
0136E	bath bench	E0245	$66.70	N
0922E	bath chair extension legs	E1399	manually priced	Y
0382E-0385E	Pediatric bath chair, complete, including head pad, chest strap	E1399	manually priced	Y
0354E	Pediatric bath chair	E1399	manually priced	Y
0137E	bath seat without back	E0245	$66.70	N
0353E	bath/shower chair, padded	E1399	manually priced	Y
0352E	bath/shower chair, adj	E1399	manually priced	Y
0128E	Unlisted bath accessories	E1399	manually priced	Y
0341E	commode, 3-in-1	E0163/E0164	$105.20/$173.03	N
0342E	commode, 4-in-1	E0163/E0164	$105.20/$173.03	N
0339E	commode, extra wide	E0168	$144.38	N
1001C, 1003C	Communication device	K0541-K0544	$374.13-$6475.12	Y
0311E-0321E	Gait trainers + accessories	E1399	manually priced	Y
3579V	hearing aid batteries	V5266	$5.00/pkg of 4	N
6435E	Oximeter	S8105	manually priced	Y
6775S	pants inserts	S8405	$0.37 each	N
0360E-0362E	pediatric potty chair	E1399	manually priced	Y
0333E	positioning wedge	E1399	manually priced	Y
0335E-0367E	prone standers	E1399	manually priced	Y
0159E, 0111E, 0133E, 0355E, 0907E	shower commode chair	E1399	manually priced	Y
0324E, 0325E	sidelyer	E1399	manually priced	Y
A4627	Spacer, with/without mask	S8100/S8101	$12.30/$19.00	N
0904E	standing frame, pediatric	E1399	manually priced	Y
4930A	anti-embolism stocking, thigh-high	A4495	$34.09 each	N
4931A	anti-embolism stocking, knee-high	A4500	$21.09 each	N
0331E, 0332E	Supine board	E1399	manually priced	Y
6627S	traction equipment	use appropriate HCPCS	manually priced	N
0323E	transfer bench, padded	E1399	manually priced	Y
0158E	toilet safety side frame	E0243	$42.91	N
0149E	raised toilet seat, padded	E0244	$27.43	N
0171E	toilet seat, raised w/handles	E0244	$42.11	N
0318E, 0319E	tray for gait trainer	E1399	manually priced	Y
0367E	tray for prone stander	E1399	manually priced	Y

The following codes are being deleted without crosswalk, effective June 1, 2002:

0169E	Breast pump rental, 3 weeks or less Bill E0602 or E0603. Supplies are included.
6629S	Oxygen supplies, NEC (supplies are included in oxygen rental)
0185B, 0186B	Primary IV sets (included in A4222, supplies for external infusion)
0350E	Toilet seat, multi-position

The following codes are **no longer billable** by DME providers: A4300 and A4301 Implantable access catheters.

(MEDICAID INFORMATION RELEASE #MA02-12, continued on page 7)

(MEDICAID INFORMATION RELEASE #MA02-12, continued from page 6)

RATE CHANGES

Effective June 1, 2002, the following monthly rates for oxygen will be in effect:

E0424	Stationary compressed gaseous oxygen system	$218.64
E0431	Portable gaseous oxygen system	$35.43
E0434	Portable liquid gaseous oxygen system	$35.43
E0439	Stationary liquid oxygen system	$218.64
E0441	Oxygen contents, gaseous (for pt-owned system)	$163.96
E0442	Oxygen contents, liquid (for pt-owned system)	$163.96
E0443	Portable oxygen contents, gaseous (pt-owned system)	$21.54
E0444	Portable oxygen contents, liquid (pt-owned system)	$21.54
E1405	Oxygen water vapor enrichment system with heat	$248.31
E1406	Oxygen water vapor enrichment system w/o heat	$238.28

Payment for oxygen includes supplies

A4490	Surgical Stockings, above the knee, each	$8.27
A4495	Surgical stockings thigh length, each	$12.80
A4500	Surgical stockings below the knee, each	$8.27
A4510	Surgical Stockings, full length, each	$13.80
E0245	Tub stool or bench	$66.70

REMINDERS

Please check with the MAVIS system to see if a code requires prior authorization. Requests for medical equipment and supplies that require prior authorization, but were not authorized ***prior*** to the date of service will be denied. This includes the dates of service on the renewal of equipment rental.

Rental price for equipment **includes** supplies. Billing for supplies during the rental period is fraudulent.

Bedside commode coverage is the same as DMERC. The client must be *room-confined.*

Nutritional supplement coverage criteria require a nutritional plan that must be updated at least **annually**. Please maintain a copy of the plan in the client's file.

Oximeter requests must include oxygen saturations with the date tested and the physician's orders for frequency of monitoring. Renewals require oxygen saturations during the initial authorization period and documentation of required daily oxygen liter flow adjustments. The type of oximeter required will determine reimbursement.

Infusion pumps for intravenous (IV) drugs **do not** require prior authorization. This is a correction to the Provider Handbook.

Insulin pumps do require prior authorization.

The limitation for diapers/briefs/pull-ups is 240 per month. The limitation for underpads is 150 per month. Coverage criteria for pull-ups requires a formal toilet-training program written by an OT, DS or QMRP. This is a correction to the Provider Handbook. Wipes are not covered.

E0450 Volume Ventilator should be billed without the RR modifier. This is a change to our system to allow the continuous rental rate.

We follow DMERC coverage criteria (with exceptions found in the DME Rules) including quantity limitations. Coverage over those limitations is based on DMERC exception coverage criteria. To exceed limitations for equipment or supplies that do not have DMERC criteria requires submission of documentation of medical necessity and the physician's order that includes the quantity. *Quantities in excess of the limitations must be prior authorized.*

Please check your national HCPCS code books or the Medicare DMERC website for changes in national HCPCS codes.

Medicaid DME rule **IDAPA 16.03.09106** states that the Department may request additional documentation for equipment. The Department (under direction from the Medical Director) may request additional medical necessity documentation to justify equipment or supplies for a particular client to determine their medical necessity or length of need.

Urgent requests with all required documentation can be faxed to the DME unit. Please call toll-free (866) 205-7403 to let us know you have faxed the request. You can expedite the documentation-collection process by having the physician's office or hospital discharge planners fax the order and documentation to you. Please fax requests for equipment that is required for discharge on a weekend to the DME Unit the next business day. The toll-free fax number for the DME Unit is (800) 352-6044.

If you have questions regarding this information, please contact the Idaho Medicaid DME Unit toll-free at (866) 205-7403 Thank you for your continued participation in the Idaho Medicaid Program.

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

Attention: Business Office

Vision and Dental Providers: Service Limits

Vision and dental providers are reminded that they should use the Medicaid Automated Voice Information Service (MAVIS) to check client eligibility including participation in PWC, QMB, lock-in, and Healthy Connections. When checking eligibility, you begin by checking basic eligibility. It is important to record the additional eligibility for PWC, QMB, lock-in, and Healthy Connections since there might be specific program restrictions and benefits. At the end of this process you may request either a fax confirmation or a confirmation number.

After verifying eligibility and special programs, **check service limits for procedure codes**.

Having eligibility does not guarentee coverage for all services. Many procedure codes have limits, such as so many units per day, month, year, or lifetime. Although you may know that your service has not exceeded the specific limit for a procedure code, the client may have received services from another provider. Service limits are for the total of **all units** billed by **all providers**.

MAVIS will tell you if the client has exceeded the service limits for a particular procedure code. Please be sure to check eligibility and service limits everytime you provide services.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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Division of Medicaid

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EDS

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or

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DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid June 2002

In this issue:

1 Small Provider Billing Unit
2 Medicare Crossover Reminders
3 Checking Claim Status
3 Pharmacy Providers: Reversals
3 No Decimals for Units
5 Documentation and Attachments
6 New FDA Indications
8 Providers ECM Questions

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2, 3 & 4 Phone Numbers and Addresses

Information Releases

6 2002-14: Expansion of Medicaid Pharmaceutical Prior Authorization
7 MA02-15: Elimination of Independent Residential Habilitation Supported Living Procedure Codes
7 MA02-16: Mental Health Clinic Partial Care Services

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Small Provider Billing Unit: Encouraging Success One Provider at a Time

The *EDS* Small Provider Billing Unit (SPBU) has helped over 220 providers learn how to bill their Medicaid claims quickly and efficiently. In the last few weeks 39 providers have graduated from the program. The SPBU program is intended to help providers who bill fewer than 100 claims a month. Training is in three phases and can take up to a year. It addresses all aspects of Medicaid billing and answers the provider's specific questions about their own billing needs. Providers learn how to read an RA, request prior authorization, complete a claim form, and how to use the provider handbook to answer other questions.

"The recent SPBU graduates can share great success stories. One provider went from billing 73% accurately the first time to 98%."

The SPBU trainers have a combined 25 years of experience in Medicaid billing. The provider and billing staff work one on one with a single trainer who is devoted to assisting them to learn the skills they need to bill their Medicaid services correctly the first time. The training is tailored to each provider's level of understanding. Often providers have joined the SPBU program because they are dissatisfied with the billing service they are using. They are pleasantly surprised to discover that the Medicaid's billing policies and practices are not as complicated as they thought. Working with their designated SPBU trainer, they learn how to bill correctly. They know that if they have any questions, their trainer will help them find the right answers.

The recent SPBU graduates can share great success stories. One provider went from billing 73% accurately the first time to 98%. Another provider went from 89% accuracy to 100%. A provider who was new to Medicaid went from 60% to 97% first time billing success while in the program. These providers are now using time more efficiently and receiving payment faster for their services.

One reason for the success of the SPBU providers is that they move at their own pace. They start with the basics and build upon that foundation. At the beginning of their participation, providers send claim information to their SPBU trainer who completes the claims for them. As the providers see how it is done, they begin to bill and the trainer checks their claims for errors before they enter the system. In one year, March 1, 2001 to February 28, 2002, they processed 30308 claims. Of those, 25066 were paid and 3561 denied with an approval rate of 88%.

Continued on page 4

Medicare Crossover Reminders

While the reimbursement method has changed for Medicare crossovers claims, the processing of these claims has not. If your claims have crossed over from Medicare automatically in the past, they will continue to do so. Please allow sufficient time for electronic crossovers to be processed.

Submitting a paper claim before the electronic claim has processed could result in a duplication of the claim received via the electronic crossover. This duplication could result in payment delays. Also when submitting a crossover claim, please remember that the total Medicare payment needs to be entered in the appropriate field (29 or 54).

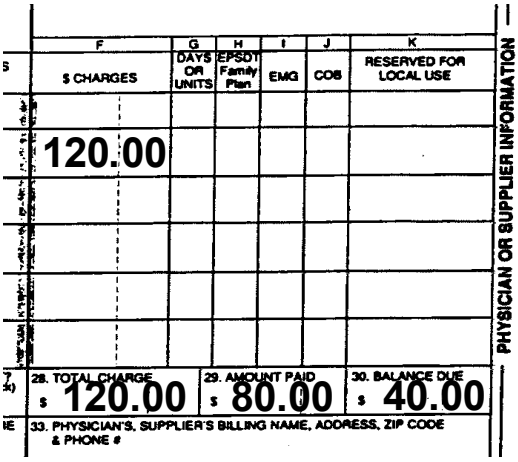
Examples are given below to show how to complete the HCFA 1500 and UB-92 paper claim forms.

> In the simplified **HCFA example**, the total paid by Medicare ($80.00) goes into field 29 on the HCFA 1500. This amount is subtracted from the total charges ($120.00). The difference ($40.00) is entered in field 30.
>
> In the simplified **UB-92 example**, the total paid by Medicare ($80.00) goes into field 54 on the UB-92. This amount is subtracted from the total charges ($120.00). The difference ($40.00) is entered in field 55.

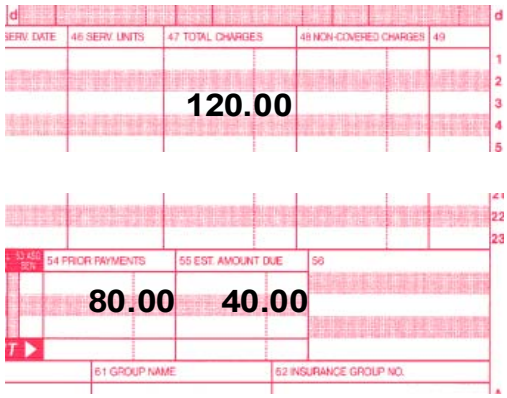
The total charges should always equal the balance due plus the total paid by all other insurance **including** Medicare. Do not include contractual adjustment calculations or previous Medicaid payments in the paid field.

For more information regarding the changes to crossover claims, please see Medicaid Information Release 2002-11 as republished in the May *MedicAide* newsletter. The newsletter is on the Internet at http://www2.state.id.us/dhw/medicaid/MedicAide/0502.pdf.

HFCA 1500



UB-92



MAVIS Update for Checking Medicare Crossover Claims Status

As discussed in the Dear Mavis column in the May newsletter, there was a problem with checking claim status for crossover claims. Providers can now look up the claim status for crossover claims using either the ICN or the billed amount, dates of service, and the client Medicaid identification number. Providers still need to wait for the claim to be processed before checking status to avoid submitting a duplicate claim that will be denied.

Phone Numbers Addresses Web Sites:

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS and ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2072

DHW Websites:
www2.state.id.us/dhw
www.idahohealth.org

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Moscow
(208) 882-3502
(800) 799-5088

Region III - Nampa
(208) 442-2808
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 236-6363
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-4930
(800) 378-3385

Phone Numbers Addresses Web Sites:

Client Assistance Line
Toll free:
(888) 239-8463

EMS Bureau Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Medicaid Provider Fraud and Utilization Review
(866) 635-7515 (toll free)
(208) 334-2020

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax: (208) 375-1134

PRO-West (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax: (800) 826-3836 or
(206) 368-2765

PRO-West Website
www.pro-west.org/idahomedicaid.htm

Checking Claim Status

What is the fastest and easiest way to find out if your Medicaid claim has been received and processed by *EDS*? Sticky notes are **not** the answer!

Providers want to know that their Medicaid claims are being processed quickly and accurately. Some providers are putting sticky notes on their claims asking that they be notified when the claim has been received. Unfortunately, that sticky note doesn't speed up claim processing; it can slow it down by up to a week. As a result, *EDS* will **no longer call providers** to tell them when a claim is received.

The fastest way to verify if *EDS* has received your claim is to wait about four business days and then call MAVIS. Here is a recommendation on how to efficiently check on your claim status:

1. Before mailing your paper claim, be sure that your provider number is printed neatly in the correct field on the claim form. Many providers are still using their FEIN, SSN, or license number instead of their 9-digit Idaho Medicaid provider number. If there is no number or an incorrect number, the claim will be denied because there is no one to pay. In addition, the provider is not notified of the denial because the system cannot identify who submitted the claim.

2. After your claim is mailed, wait for the claim to be delivered. Remember, it will take from 1 to 4 days depending on where and when it is mailed.

3. After your claim is delivered, wait for it to be processed. All claims are scanned as they are received Monday through Friday. Once scanned, the claims are "loaded" into the claims processing system. Scanning and loading can take from 24 to 48 hours depending on the volume of claims. Once a claim is loaded, it takes about 2 to 4 hours for the claim to be set to pay, deny, or pend. Once this happens, you can call and find out about your claim's status.

4. Call MAVIS and ask for *CLAIM STATUS*. You will need your provider number, the client number, dates of service, and the billed amount. MAVIS will tell you if the claim is paid, denied, suspended for review (pended), or approved to pay. (Once you receive your RA, you can track a pended claim by using the ICN from the pended claim section.)

Of course, for the **fastest and most efficient claim tracking** consider billing electronically. Claims that are submitted electronically are received, loaded, and processed in 3 to 5 hours Monday through Friday. (Claims submitted over the weekend are not processed until Monday morning.) Electronic billing software is available at no charge from *EDS*.

Pharmacy Providers

Pharmacy providers are reminded that the fastest way to correct a claim is through the POS reversal process. It is no longer necessary to send in a paper adjustment if the on-line adjustment is made within 90 days of the payment date.

If a pharmacy provider has received an incorrect payment for any reason, that paid drug claim can be reversed **once** within 90 days. The provider can then resubmit the corrected claim for proper reimbursement.

No Decimal Points for Units

When entering the number of units billed, always use whole numbers and do not use decimal points. In the example below, row A is the correct way to bill 5 units. Row B is incorrect and will be scanned as 50 (fifty) units.

	Units	
A	5	
B	5.0	

Small Provider Billing Unit

Continued from page 1

"We only called about Medicaid problems that we were having but the training we received helped us with our other insurance issues as well."

a recent SPBU graduate

The SPBU emphasizes electronic billing because providers save time and money using it. The program uses the *EDS* software that is available to all Idaho Medicaid providers at no charge. The SPBU trainer bills the provider's claims electronically, which allows them to see the claims processing in the system within 3-5 hours, rather than 3-5 days! About 75% of the providers who have graduated from the program have decided to continue billing electronically.

The SPBU training program helps providers understand Medicaid policy, when and where to get prior authorization and where to include the authorization information on a claim, when to include an attachment, and how to bill for Healthy Connection clients. They also learn the basics about provider and client identification numbers (still one of the most common billing errors for all providers) and how to check for eligibility including Healthy Connections and service limitations.

Most of the training is done over the phone. The initial training session is about one and a half hours. In following weeks, the provider and trainer meet for 10-30 minutes to go over current claims and specific training issues. Resources for training include the Idaho Medicaid Provider Handbook, Medicaid newsletters, quick reference guides, and information releases.

When providers graduate from the SPBU training program they are prepared to bill successfully the first time. In addition, their SPBU trainer will continue to randomly monitor their billing to ensure that they continue to succeed.

If you are interested in learning more about the Small Provider Billing Unit, please call **MAVIS** (1-800-685-3757), ask for *AGENT*. Tell the agent that you would like to speak to the SPBU and they will forward your call to one of the SPBU trainers.

Contact the DHW HIPAA Project

Mail: DHW HIPAA Project
Attn: Gary Payne, Privacy Officer
Department of Health and Welfare
PO Box 83720
Boise ID 83720-0036

Email: HIPAAComm@idhw.state.id.us

Fax: DHW HIPAA Project (208) 334-0645

Internet: www.idahohealth.org and click on the H & W HIPAA quick link

HIPAA
Health Insurance Portability and Accountability Act
Idaho Department of Health & Welfare

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., Suite 102
Coeur d'Alene, ID 83814
TealP@idhw.state.id.us
(208) 666-6859
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Box Drawer B
Lewiston, ID 83501
WoodlanJ@idhw.state.id.us
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605
JeffrieM@idhw.state.id.us
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, Suite A
Boise, ID 83704
HooverJ@idhw.state.id.us
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318
SchellP@idhw.state.id.us
(208) 677-4002
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201
LuxS@idhw.state.id.us
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402
WoodhouB@idhw.state.id.us
(208) 528-5728 (new number)
Fax (208) 528-5756

EDS Central Office PRC
Sarah Paulsen
P.O.Box 23
Boise, ID 83706
(208) 395-2132
Fax (208) 395-2072

Documentation and Attachments

99% of all Medicaid claims do not require any attachments. The following chart includes the most reasons when attachments are required. If a service is not on this chart, it probably does not require an attachment.

There is a difference between documentation and attachments. Providers are required to keep certain documentation in the client's file for five years from the date of service. It is not necessary to submit this documentation with a claim unless it is specifically required. For claims that require prior authorization, the documentation is sent to the authorizing body and **not** sent with the Medicaid claim. Since most hospital claims are prior authorized, there is no need to send attachments with these claims to *EDS* unless they are on the following chart. When attachments are **not** needed for claim processing, the claims can be submitted electronically.

See the *Idaho Medicaid Provider Handbook* for more complete information on attachments. Contact *EDS* for additional information about free electronic claims processing software.

Billing situation	Include this attachment
Modifier 21, 22, 23 and/or 59	Chart and/or op report
Modifier 50 and 51 if Medicaid payment will be over $1000	Chart and/or op report
Modifier 62 (the claim and the co-surgeon's claim should be billed within 10 days of each other)	Chart and/or op report
Any CPT code that ends in 99	Chart and/or op report
Sterilization or hysterectomy	Consent form
Abortion	Certificate of Medical Necessity
Initial or renewed claim for oxygen or oxygen supplies, or if there is a change in the client's oxygen requirements (i.e., lab values, length of need)	Certificate of Medical Necessity
Service or procedure for a hospice client that is not related to the terminal illness	Justification for service
Private room	Certificate of Medical Necessity or physician's orders
Other insurance has paid less than 40% or denied the claim	Copy of EOB from other insurance with an explanation of the payment/denial codes
Procedures that require manual pricing	If you are unsure about pricing, call MAVIS or check online at *www2.state.id.us/dhw/medicaid/fee_schedule.htm*
Hearing aids	Manufacturer's invoice or sales receipt.
Claims billed for services that exceed Medicaid limitations may be denied for justification.	Justification for second service. When billing services requiring justification, use the appropriate comments field for the justification. This can be done electronically since no attachment is required.

Providers can save themselves copying costs, postage, and time by only sending attachments when they are specifically required. When documentation is required with a claim, please follow these guidelines:

1. With multiple claims using the same attachment, make a copy of the attachment and include one copy with each claim.
2. With an attachment printed on both sides of the page, make a copy of the back side and include both pages with the claim.
3. With an attachment on a small piece of paper, copy it or tape it to an 8 1/2 by 11 inch piece of paper.
4. When submitting several claims together, stack the claims with the required attachments one on top of the other: claim, attachment(s), claim attachment(s), claim, attachment(s). Do **not** use paperclips, staples, 'post-it-notes', or glue.

May 3, 2002

MEDICAID INFORMATION RELEASE # 2002-14

TO: **PHYSICIANS, OSTEOPATHS, DENTISTS, MID-LEVEL PRACTITIONERS, PHARMACISTS**

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECT: **EXPANSION OF MEDICAID PHARMACEUTICAL PRIOR AUTHORIZATION**

Effective May 20, 2002, the following three (3) groups of medications will require prior authorization:

- Non-sedating antihistamines;
- COX-2 NSAID inhibitors;
- Proton pump inhibitors.

Enclosed with this information release is a letter from our Medical Director, Dr. Thomas Young, drug class specific prior authorization forms, and prior authorization criteria for these groups of medications. Please make additional copies of the prior authorization forms for future use.

If you have any questions regarding this program change, you may call the Medicaid Pharmacy Section at 208-364-1829.

NOTE: Information Release 202-14 and its attachments can be found on the Internet at: www2.state.id.us/dhw/medicaid/inf/2002/02med14.htm

New FDA Indications

Since the Medicaid Information Release #2002-14, dated May 3, 2002 was sent to providers, the Pharmacy Section has added the following newly approved FDA indications to the prior authorization criteria:

Cox-2 NSAID inhibitors:

Celebrex® has been approved for the management of acute pain in adults and primary dysmenorrhea.

Vioxx® has been approved for the management of rheumatoid arthritis in adults.

Non-sedating antihistamines:

Clarinex® has been approved for the treatment of perennial allergic rhinitis and chronic urticaria.

In the future, newly approved FDA indications will not be sent by Medicaid to prescribers by mail. The most recent FDA approved indications can be found at http://www.fda.gov/cder/approval/index.htm. Medicaid Prior Authorization forms and criteria for the COX-2 NSAID inhibitors, non-sedating antihistamines and PPI's are posted on the Web for providers at www.idahohealth.org.

Additional Medical Necessity Criteria

The following medical necessity documentation has been added to the Prior Authorization Form for non-sedating antihistamines.

> Patient is >65 years old, a resident of a long-term care facility and cannot tolerate the anticholinergic side effects of the "older" antihistamines.

Again, updated Prior Authorization forms for the initial three classes of medications can be obtained from www.idahohealth.org, or providers may contact the Pharmacy Section of Medicaid to request copies.

MEDICAID INFORMATION RELEASE #MA02-15

TO: **INDEPENDENT SUPPORTED LIVING RESIDENTIAL HABILITATION DD/ISSH WAIVER PROVIDERS, RESIDENTIAL HABILITATION AGENCIES, TARGETED SERVICE COORDINATION AGENCIES, AND REGIONAL ADULT ACCESS SUPERVISORS**

FROM: PAUL SWATSENBARG, DEPUTY ADMINISTRATOR

SUBJECT: **ELIMINATION OF INDEPENDENT RESIDENTIAL HABILITATION SUPPORTED LIVING PROCEDURE CODES**

The Legislative auditor has recommended that the Department discontinue its relationship with independent Residential Habilitation Providers that provide services in the client's home. As defined by the Internal Revenue Service, the current practice creates an employer/employee relationship and requires the Department to tax wages paid to the provider. Therefore, Residential Habilitation Providers must be employed by a Residential Habilitation Agency by July 1, 2002. The following procedure codes will not be effective after July 1: 0585B, 0586B, 0587B, 0588B, and 0681B and will be denied if billed with service dates after that date.

Residential Habilitation Supported Living Providers who provide Supported Living in the home of the client may no longer be enrolled as an independent provider. Supported Living may be provided only through an agency that provides such services.

This change does not affect Independent Residential Habilitation Providers who deliver services to DD/ISSH waiver clients living in a Certified Family Home.

If you need assistance locating a Residential Habilitation Agency for employment purposes, you may contact your Regional ACCESS Unit. If you have any questions about this information release, please contact Mary Wells at (208) 364-1955.

Effective July 1, 2002 procedure codes 0585B, 0586B, 0587B, 0588B, 0681B will no longer be valid.

MEDICAID INFORMATION RELEASE MA02-16

TO: **MENTAL HEALTH CLINIC PROVIDERS**

FROM: PAUL SWATSENBARG, Deputy Administrator
Division of Medicaid

SUBJECT: **MENTAL HEALTH CLINIC PARTIAL CARE SERVICES**

Audits of Mental Health Clinic services found that some providers are providing partial care (mental health day treatment) services outside the clinic facility. Some clinic providers were taking clients on field trips, outings or other community activities.

The Code of Federal Regulations defines Clinic Services at 42 CFR § 440.90. According to the CFR, clinic services means services furnished to outpatients "at the clinic". The only exception are services furnished outside the clinic by clinic personnel under the direction of a physician to an eligible homeless individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Clinic Services are facility services and may not be delivered in settings outside the definition of clinic services contained in 42 CFR § 440.90.

Any provision of mental health clinic services, including partial care services, outside the clinic facility must cease. Provision of clinic services including partial care outside of the clinic will be subject to recoupment.

If clients have a need for acquisition of skills in the community, they should be considered for Psychosocial Rehabilitation services. While Mental Health Clinic services are office based, the Psychosocial Rehabilitation option is designed to support community based services for persons with serious mental illness.

In addition, it should be noted that recreational, educational and vocational services are not Medicaid covered Mental Health Clinic services. The Code of Federal Regulations at 42 CFR § 440.90 and Idaho code at 16.03.09.465 indicate that the Department will pay for "preventive, diagnostic, therapeutic, rehabilitative, or palliative" services provided by a Mental Health Clinic. Recreational, educational and vocational services are not included.

If you have any questions, please contact Jack Weinberg at (208) 364-1844.

Thank you for your continued participation in the Idaho Medicaid Program.

EDS
P.O. Box 23
Boise Idaho 83707

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IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

Providers, send us your questions about electronic billing!

Do you have a question about electronic billing?

We will have a new column dedicated to electronic claims submission beginning in the July issue of the MedicAide. Please send us your questions and we will try to answer them as space permits.

Currently, 87% of all Idaho Medicaid claims are submitted electronically. Providers using EDS software have several advantages:

- The software edits data for certain errors before the claim is submitted, allowing the user to correct the information and reducing denied claims.
- Electronic claims are processed in 3 to 5 hours, allowing the provider to check claim status sooner.
- Providers can print reports based on claim information.
- Providers save money on forms, envelopes, and postage.
- 99% of all claims can be billed electronically.

If you have questions about electronic claims submission, send them to: ruhlb@idhw.state.id.us

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Administrative Assistant
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **July 2002**

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8 July 4 Office Closure

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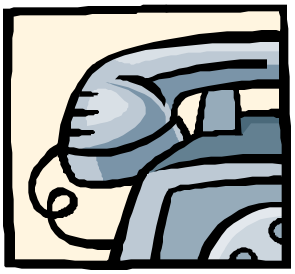
Information Releases

5 MA02-19: Reimbursment of Separate Anesthesia Sessions
6 MA02-20: DME State-only Code Changes and Program Reminders

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho



When You Ask MAVIS for *AGENT*

The *EDS* provider service representative team is working to build a strong relationship with the Idaho Medicaid provider community. Recently, the team members are answering almost 1000 calls some days. When providers call MAVIS and ask for *AGENT* they are connected to a provider service representative (PSR).

With what can a PSR help me?

Provider service representatives (PSRs) are trained to quickly and accurately answer provider billing questions. They can explain the adjustment process, request the addition of procedure/modifier combinations, and answer questions on claims. They can tell the provider if a service needs a prior authorization but they do not do prior authorization.

What information will I need to give to the PSR?

Just like with MAVIS you will need the following information when you call: your 9-digit Idaho Medicaid provider number, the internal control number (ICN) for the claim **or** the client's Medicaid identification number (MID) and the dates of service.

I lost my security code for MAVIS, now what do I do?

If you lose your MAVIS security code, call MAVIS and ask for *AGENT*. Give the PSR your Idaho Medicaid provider number and she will reset your security. You will then have to call MAVIS back to create a new security code. To protect the security of the MAVIS system, PSRs cannot access provider security codes and cannot create them for providers.

Can a PSR help me get prior authorization for services?

NO! *EDS* does not do prior authorization for any services. Please check your Idaho Medicaid Provider Handbook for information on how and when to get prior authorization.

If I leave a message, how long will I have to wait for a call back?

Everyday the *EDS* PSR team receives as many as 200 voice messages. The team regularly checks the voice mail during the day and logs every message it receives. The PSR team is required to make three attempts to contact the caller and will respond to **every** message left by a provider either by the close of business that day or the next. When leaving a message, include the following information: provider name and telephone number, provider and client Medicaid numbers, and the dates of service.

I live in northern Idaho and got a call-back at 7:05 A.M.! What gives?

The provider service agents are available Monday through Friday, from 8:00 a.m. to 6:00 p.m. (Mountain Standard Time). We sometime make mistakes because Idaho spans two time zones but has only one telephone area code. When leaving a voice mail message, please be sure to mention if you live in northern Idaho and we will try to call later in the day.

If a client has a question, should I give them the same telephone number I use?

No. There is a special toll-free phone number for clients (1-888-239-8463). Please don't give the provider telephone number to clients because it will slow down answering provider calls.

Just say the word...

The following information is adapted from the MAVIS Appendix in the Idaho Medicaid Provider Handbook.

There are two ways you can use your keypad: entering data and shortcuts.

Entering Data

The keypad numbers 1 and 2 can be used to answer all questions that require a YES or NO response: **1** is for YES and **2** is for NO.

In addition, any information MAVIS requests that is **all numbers** can be entered using your telephone keypad. You can key:

- your provider number
- security code
- revenue codes
- Social Security numbers
- national drug codes (NDC)
- dates of service (mm/dd/ccyy)
- dates of birth (mm/dd/ccyy)
- telephone numbers for faxes
- client identification numbers (MID)

To move even faster after entering the information with the keypad, press the # sign. MAVIS will jump to either the next question or return the desired information. (This only works when entering information; you cannot use the # sign with menu shortcuts.)

Since you can only key information that is all numbers, you **cannot** key information that might include letters. This means that you cannot use the keypad for the following:

- procedure codes
- client names
- EOB codes
- mailing address

Keypad Shortcuts

To by-pass the greeting and introduction, press 9 as soon as you hear MAVIS say "Good…." MAVIS will jump to the Main Menu.

To by-pass the Main Menu and go directly to a menu option, wait for MAVIS to begin to say "Main Menu…" Press the Main Menu keypad shortcut number:

1. Client Information
2. Claims Information
3. Last Check Amount
4. Provider Enrollment Status
5. Mailing Addresses
6. To Switch to a Different Provider
7. To Change the Security Code for the Current Provider

To by-pass the Client Information menu, wait for MAVIS to begin to say "What kind of…" Press the Client Information keypad shortcut number:

1. Eligibility or Healthy Connections Information
2. Other Insurance
3. Lock-in
4. Long Term Care Eligibility
5. Service Limits
6. Prior Authorization Number

To by-pass the Claims Information Menu, wait for MAVIS to begin to say "What kind of…" Press the Claims Information keypad shortcut number:

1. Claim Status
2. Procedure Code Coverage
3. National Drug Code Coverage
4. Revenue Code Coverage
5. EOB Message Codes
6. Prior Authorization Number

Phone Numbers Addresses Web Sites:

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS and ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2072

DHW Websites:
www2.state.id.us/dhw
www.idahohealth.org

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Moscow
(208) 882-3502
(800) 799-5088

Region III - Nampa
(208) 442-2808
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 236-6363
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Phone Numbers Addresses Web Sites:

Client Assistance Line
Toll free:
(888) 239-8463 (toll free)

DHW Customer Service
(800) 378-3385
(208) 334-5795

Medicaid Provider Fraud and Utilization Review
(866) 635-7515 (toll free)
(208) 334-2020

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

Q & A with EDI

The Electronic Data Interchange Help Desk is available through MAVIS at 1 800-685-3757. Ask for AGENT and then for EDI. If you have general questions about electronic claim billing, email them to ruhlb@idhw.state.id.us and we will try to answer them in this newsletter.

Q What is the latest version of the ECMS-PC billing software? Ours is approximately two years old. I want to be sure we have the most current version.

A To verify what version of the ECMS-PC software you are running, click on the HELP tab and then on the ABOUT tab. The latest release of ECMS is Version 2.060, date July 1999. If you do not have the latest version please contact the EDI Help Desk for an upgrade.

Providers who are getting ready for HIPAA will be happy to know it is anticipated *EDS* will be releasing and providing training for HIPAA-compliant software starting in May, 2003. The Provider Electronic Solution (PES) software will be available at no charge and released in phases that will allow providers to do claims processing, client eligibility, remittance advice, claim status, and prior authorization. The current ECMS-PC software will be supported until October 2003.

Q We bill almost everything electronically but have a 'pend rate' of about 150 claims a week. I thought claims were processed and either paid or denied in 3-5 hours. If this is true, why do some claims take so long to pay or deny?

A Whether claims are submitted on paper or electronically, all claims are processed electronically once they are entered into the computer system. There are three possible automatic outcomes: pay, deny, or pend. When we say that a claim has 'pended', we are actually saying that processing of the claim is 'suspended'. This happens when a claim breaks one of the automated processing rules. Before the claim can complete processing, an adjudication team member must look at it and determine if it meets any of the exemptions that will allow it to be paid or if it must be denied. This is a time-consuming, manual process and is the reason some claims can take days to process. Once the claim is adjudicated, it is put back into the automated system and processing is then completed in minutes.

Q How can we call the EDI Help Desk directly to see why claims are not going through? With MAVIS we can no longer go directly to the Help Desk but have to go through AGENT and it is taking longer.

A Yes, this is a problem and *EDS* is looking at options to improve MAVIS for EDI issues. In the meantime, when providers call MAVIS with EDI questions, they should ask for *AGENT* and the agent will forward the call to the EDI help desk. If the provider gets the EDI voicemail, they should leave a message with their name, telephone number, provider number, and a brief description of their issue. The EDI team is committed to returning all calls before the end of the next business day and often call back within the hour.

QUALIS HEALTH™

PRO-West, the Idaho Medicaid peer review organization for prior authorization, has changed its name to Qualis Health. Qualis Health's address and Web site are listed in the address column on this page.

HIPAA Transactions and Code Sets Rule Influences Use of Local Codes

The HIPAA Standards for Electronic Transactions calls for the adoption of national standards for electronic transactions and national code sets to be used in those transactions. The State of Idaho Medicaid program, similar to many other states, created numerous local codes to pay for services unique to the Idaho Medicaid program. Providers are required to use these codes when submitting claims to Idaho Medicaid reimbursement. The HIPAA legislation mandates all providers use a standardized list of codes in reference to specific health transactions. This standardization and implementation of national codes will streamline the billing process for providers. Providers will be able to use the same transactions and code sets when submitting claims for reimbursement to HIPAA compliant entities regardless of who the payor is.

Schedule for Phasing Out Local Codes

Local codes will be phased out gradually over the next year and a half. The first local codes that will be phased out are codes never or very rarely used. In some instances, local codes have been accommodated by another, already existing national code. If a national code did not exist, a new code has been created and will be implemented under the HIPAA legislation. Beginning October 16, 2003, the DHW claims processing system will be HIPAA compliant. At that time providers will have three options; to submit HIPAA compliant claims, use a clearinghouse, or submit claims on paper. In order to be reimbursed for services provided, providers will need to submit claims using HIPAA compliant codes.

Which Codes Have Been Phased Out?

We will keep you informed of local codes as they are phased out. Information releases will contain detailed information about the codes that are being phased out and the codes that replace them. We will notify you well in advance of the date you need to implement any code changes. The pricing file available on the internet at http://www2.state.id.us/dhw/medicaid/fee_schedule.htm will be updated quarterly to reflect any changes.

Contact the DHW HIPAA Project

Mail: DHW HIPAA Project
Department of Health and Welfare
PO Box 83720
Boise ID 83720-0036

Email: HIPAAComm@idhw.state.id.us

Fax: DHW HIPAA Project (208) 334-0645

Internet: www.idahohealth.org and click on the H & W HIPAA quick link

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Sarah Paulsen
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Boise, ID 83706

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Fax (208) 395-2072

June 17, 2002

MEDICAID INFORMATION RELEASE #MA02-19

TO: ANESTHESIA PROVIDERS

FROM: PAUL SWATSENBARG, Deputy Administrator
SUBJECT: REIMBURSEMENT OF SEPARATE ANESTHESIA SESSIONS

Medicaid policy for reimbursement of anesthesia services has been changed to the following:

For dates of service **on or after January 1, 2002**, Medicaid will reimburse one provider a base-rate plus time per day. However, when an anesthesia service is repeated by the same physician in the same day, a payment for the additional session may be billed using the anesthesia code with the **76** modifier. *Medicaid considers a second session to be when the patient is returned to surgery after spending time in another unit of the hospital.*

Examples:

- If the provider begins the procedure with a block, and then changes to general anesthesia, Medicaid considers this to be one session. Reimbursement would be one base-rate and the time involved for both types of anesthesia.

- If one procedure is performed, such as a delivery, and then another separate procedure is performed later on the same day, for example a tubal ligation, then two sessions have occurred and reimbursement would be for two base-rates and the time for both sessions.

- If the patient has a delivery or surgery, in which the same day complications and/or an emergency arises from the surgery, then two sessions have occurred and are covered.

- If one provider begins the procedure and, for some reason, another provider completes the procedure, the first provider would submit for the base-rate and ALL of the time performed by both providers. It is the responsibility of the first provider to compensate the second provider (similar to Locum Tenens).

Any questions regarding this Information Release should be directed to Colleen Osborn at (208) 334-5795 ext. 16. Thank you for your continued participation in the Idaho Medicaid Program.

Fee Schedule Update

The Idaho Medicaid Fee Schedule was slated for update by July 1, 2002. Due to technical difficulties, this is being delayed and the information should be updated no later than Monday, July 15th. Please keep checking our Internet site for changes to the Fee Schedule at http://www2.state.id.us/dhw/medicaid/fee_schedule.htm.

Thank you for your patience in this matter.

June 15, 2002

MEDICAID INFORMATION RELEASE #MA02-20

TO: **DURABLE MEDICAL EQUIPMENT (DME) VENDORS**

FROM: **PAUL SWATSENBARG, Deputy Administrator**

SUBJECT: **STATE-ONLY CODE CHANGES AND PROGRAM REMINDERS**

Effective **August 1, 2002**, the following state-only codes will be deleted. National HCPCS codes to replace them are listed below:

State-only codes to delete/crosswalk

State-only Code	Description	Nat'l HCPCS Code	Price	Prior Authorization
0139E	Commode, stationary	E0163	$105.20	N
0340E	Commode, wheeled	E0164, E0166	$173.03, $297.00	N
1002C, 1004C	Communication device repair	E1399	manually priced	Y
0637E, 0638E	Misc equipment, children	E1399	manually priced	Y
0904E	Standing frame, adjustable	E1399	manually priced	Y
0112E	Transfer bench, heavy duty	E1399	manually priced	Y
4932A	Anti-embolism pantyhose	deleted		
5400S	1000ml dextrose,5% NACL w/40% KCL solution	deleted		
6000S	Intrathecal administration kit	deleted		
6776S	Pants, disposable	deleted (use appropriate code for briefs)		N

FOR YOUR INFORMATION

The DMERC coverage criteria were incorporated into the DME Rule by reference in the April 2001 version, Chapters 9 and 10. The Rules Governing Medical Assistance can be viewed at the following link: www2.state.id.us/adm/adminrules/ (click on *Administrative Code*; *Health and Welfare (16)*; *16.03.09 Medical Assistance*). The Incorporation by Reference rules are in section 011. The DME rules are in section 106. In the event of a discrepancy between your Idaho Medicaid Provider Handbook and the Medicaid rules, the Medicaid rules take precedence. The *Medical Vendor Service Guidelines* Provider Handbook is being revised to include these changes.

We would like to take this opportunity to clarify the prior authorization process. The provider must obtain authorization prior to the delivery of the service or the dispensing of an item. Exceptions may be made for life-sustaining equipment or equipment required for the client to be discharged to their home from the hospital if the need occurs on a weekend or holiday when the DME Unit is closed, the request should be submitted no later than the next day of business. If the client requires equipment before being discharged from the hospital, requires life-sustaining equipment, or repairs on a wheelchair that is unusable, please submit request and mark **URGENT** on top of the request. As an additional step to expedite the process, please call 1-866-205-7403 to inform the DME unit of the incoming urgent fax. The request will be processed the same day and documentation will be faxed to you. We are unable to approve requests that are incomplete.

CPAP criteria specifics can be found in the April 2001 DMERC Supplier Manual. Coverage for a CPAP requires at least 30 episodes of apnea in a 6-7 hour sleep study. Apnea episodes must be separated from hypopnea episodes to determine coverage. If the client meets criteria, and the request is processed prior to dispensing the equipment, the CPAP will be authorized for three (3) months. For uninterrupted coverage, renewal requests must be received prior to the end date of service of the previous authorization. Documentation submitted with renewal request must include; a copy of the printout or readout of CPAP usage and a copy of the physician's progress notes from the 60th to 90th day follow-up visits.

Used equipment: We have the UE (used equipment) modifier in our system for DME codes. If used equipment is available, it may be the least costly means of meeting the client's medical needs. When submitting a request, please indicate if

continued on page 7

The equipment being requested is used. The UE modifier should be added to the code when billing, including items that do not require prior authorization. Medicaid's reimbursement methodology is the same as DMERC: 75% of the allowable for new equipment.

MIC-KEY tubes are billable under the new code B4086. Tubing for feeding supply kits is included in the allowable for codes B4083, B4084 and B4085. Feeding tubing billed under B9998 will be denied if feeding supply kits have previously been billed.

Breast pumps: Please bill the equipment for the client that meets the medical necessity criteria. For example, if a baby has a cleft palate, you would bill the breast pump using the child's Medicaid identification number and not the mother's identification number. Please refer to your provider handbook for the coverage criteria.

As of **August 1, 2002**, Medicaid will be adopting DMERC coverage policies for separate coverage of supplies with equipment rentals. For example, supplies for TENS units are not separately billable during rental period of a TENS Unit. For CPAPs, supplies are separately reimbursable during a CPAP rental.

Continuous rental equipment: Supplies for equipment that are a continuous rental (e.g. oxygen and ventilators), are considered inclusive within the reimbursement. When submitting for reimbursement, please bill without the RR modifier. This will help ensure correct reimbursement. Please refer to your DMERC Supplier Manual for accurate billing practices.

Supplies are included in **kits** and are not separately billable. For example, tape and cotton tip applicators are considered inclusive in a tracheotomy care kit.

Disposable drug delivery systems, codes A4305 and A4306, require prior authorization. This is not a Medicare covered service, as it is considered durable medical equipment. Physician's orders must include route and length of need. Please use the above instructions for urgent requests.

If the physician signing the original order subsequently transfers care to another physician, the renewal request for the equipment (e.g. apnea monitor) must come from the current attending physician. Only the current attending physician is able to make the determination for medical necessity for continuation of the equipment.

Please send only documentation required for each request. We keep all original documentation in the patient's file.

Any questions regarding this information should be directed to Colleen Osborn at (208) 334-5795 ext. 16.

Thank you for your continued participation in the Idaho Medicaid Program.

Newborn Screening Kits

Effective July 1, 2002, the billing procedure for Newborn Screening Kits (PKU) will be billable to the Idaho Medicaid program. The Newborn Screening Program will continue to coordinate newborn screening services. Test kits, formerly available directly from the Oregon Public Health laboratory, can now be ordered through the Idaho Newborn Screening Program and Idaho Medicaid can be billed using HCPCS code S3620. More information will be available in the August MedicAide.

EDS
P.O. Box 23
Boise Idaho 83707

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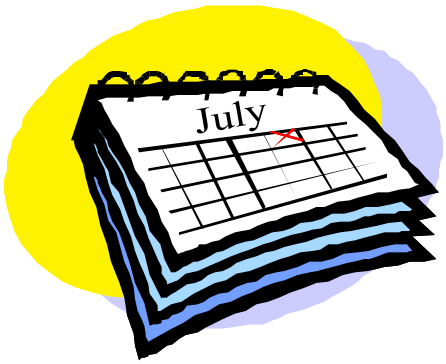
IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office



July Office Closure

The Department of Health and Welfare and *EDS* offices will be closed for **Independence Day, July 4, 2002**.

A reminder that MAVIS, the Medicaid Automated Voice Information Service, is available on State holidays at:

1-800-685-3757 (toll free)

1-208-383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
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Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **August 2002**

In this issue:

1 The Benefits of Electronic Data Interchange
2 Getting Started in Electronic Claims Submission
3 HIPAA Privacy Notice Regarding Client Rights and DHW Responsibilities
4 Provider Information Changes
5 Attention: Pharmacies
8 September 2 Office Closure

Regular Features:

2 Just Say the Word
2, 3 & 4 Phone Numbers and Addresses

Information Releases

5 MA02-21: Newborn Screening (PKU) Testing
6 MA02-22: New Payment Rates Effective July 1, 2002
7 MA02-23: Change in Quantity Override Requests

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

The Benefits of Electronic Data Interchange

Almost 90% of all Idaho Medicaid claims are submitted electronically by providers. Electronic Data Interchange (EDI) is the technology used to process these transactions. Many different EDI systems are available to Idaho Medicaid providers, including the software distributed by *EDS* and software from other vendors and billing services. The *EDS* software, ECMS-PC, is provided at no charge to all providers who request it. For more information, see *"Getting Started in Electronic Claims Submission"* on page 2 of this newsletter.

Providers submitting as few as one claim a month can take advantage of electronic claims submission and receive all of its benefits. The advantages of electronic claims submission include reductions in keying errors, claim processing time, and mailing costs. When providers use an EDI system, the data entered into the electronic claim form is the data that is used to process the claim. This eliminates the possibility of scanning errors on paper claims. After the provider has completed the online form and sent it, the claim is processed within hours. In addition, claims can be submitted 24 hours a day, 7 days a week.

While the claims processing system only cuts checks once a week, a provider submitting a claim electronically on Monday can verify if the claim is paid, pended, or denied within 24 hours. If the claim is denied it can be resubmitted within the same claim cycle and may still be paid by the following Monday.

In preparation for HIPAA requirements, *EDS* is developing new software for providers to use. The Provider Electronic Solution (PES) software will be available at no charge to providers. Watch this newsletter for future updates on the release of the PES software and training events.

Providers who wish to learn more about electronic claims submission should contact the EDI Coordinator through MAVIS, 1-800-685-3757 or 383-4310 in Boise, 8:00 AM to 6:00 PM (MST), Monday through Friday.

Just say the word...

This column is a regular feature to help providers use the Medicaid Automated Voice Information Service, **MAVIS**. MAVIS is available 24 hours a day, seven days a week (except during maintenance). The numbers are: (800) 685-3757 (toll-free) and (208) 383-4310 (Boise calling area).

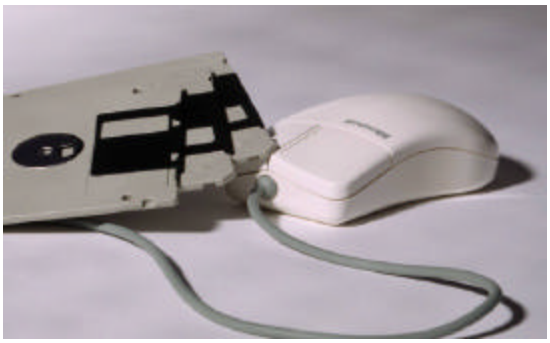
Dear MAVIS,
Every so often I need to talk to the provider enrollment team. What is the easiest way to connect with them? - Want To Get Connected

Dear Connected,
There are a couple of ways to get provider enrollment information. I can help you if you are enrolling as a new provider and want to check on your enrollment status. When you call, just say the words *ENROLLMENT STATUS* and I will ask you for your enrollment tracking number. (You can find the tracking number on your copy of your application.) I can tell you where you are in the application process. If you do not have the tracking number or want to talk to a team member, then just say the words *PROVIDER ENROLLMENT*. This will take you directly to the provider enrollment team. Please remember that the team is only available during our normal business hours.

Getting Started In Electronic Claims Submission

The system requirements for running most EDI software are very small compared to the capacity of today's personal computers. A provider considering buying a new computer could get by with a lower-end computer or even a used machine. The EDS software called ECMS-PC is used here as an example to help providers understand how to move to electronic billing. This software is distributed free to providers who request it. To use ECMS-PC, the provider needs a computer with the following:

- IBM PC or compatible with a 386-16 megahertz or better processor
- Windows version 3.1 or higher (not compatible with Windows NT)
- MS-DOS version 5.0 or higher
- Hard disk drive with 10 megabytes (Mb) or more of available disk space
- At least 4 Mb total memory (8 Mb highly recommended)
- 3.5-inch double-density (DD) disk drive
- Hayes-compatible modem (9600 baud or higher)



ECMS-PC software contains forms that you complete to submit claims by diskette or modem. The software comes with commonly used lists. In addition, the user can create lists of information regularly used in forms such as client names and procedure codes. The software also generates reports to track the information submitted in claims.

All providers receive an Electronic Claims Submission Certification and Authorization form in their enrollment packet and a copy is also available in the Forms Appendix of the Idaho Medicaid Provider Handbook. This form must be signed by providers considering using electronic billing. Providers who want to receive the free software, ECMS-PC, should contact the EDI Coordinator. Call MAVIS at (800) 685-3757 and ask for *AGENT*.

If you have general questions about electronic billing, email them to ruhlb@idhw.state.id.us and we will try to answer them in this newsletter.

Phone Numbers
Addresses
Web Sites

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2072

DHW Websites:
www2.state.id.us/dhw

www.idahohealth.org

www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088 (new)
(800) 799-5088

Region III - Caldwell
(208) 455-7280 (new)
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260 (new)
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Phone Numbers
Addresses
Web Sites

Client Assistance Line
Toll free: (888) 239-8463

DHW Customer Service
(800) 378-3385
(208) 334-5795

Medicaid Provider Fraud and Utilization Review
(866) 635-7515 (toll free)
(208) 334-2020

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

HIPAA Privacy Notice Regarding Client Rights and DHW Responsibilities

All Health and Welfare clients, who receive services as of April 14, 2003, will be provided a DHW Privacy Notice. The Privacy Notice will be available in all geographic locations and will document how our client's health information may be used and disclosed, how they can obtain access to their health information, and how DHW is committed to protecting client health information.

In addition to DHW's pledge to protect individually identifiable health information, the Privacy Notice provides a clear written explanation of the five client rights regarding health information established under HIPAA. They are briefly described below:

1. **Clients have the right to review and copy their health information.**
   Clients will be able to review and obtain copies of their health information.
2. **Clients will have the right to request to amend their health information.**
   Clients can request to amend the health information we have if they feel the information we have is incorrect or incomplete. They have a right to request an amendment as long as the information is retained by or for DHW. This client right does not imply that we are deleting or altering client records.
3. **Clients have the right to receive a report that tracks disclosures of their health information.**
   Clients may request that DHW provide them with a list or "report" of the various individuals or organizations that DHW has shared their health information with, excluding disclosures for treatment, payment, or health care operations. The tracking period begins April 14, 2003. Clients will be able to request up to six years of tracking of their health information disclosures. This report will not include dates prior to April 14, 2003.
4. **Clients have the right to request to restrict the disclosure of their health information.**
   Clients will have the right to ask DHW that we limit the disclosure of their health information for treatment, payment or health care operation purposes. For example, they may ask that we not use or disclose information about a service that they have received. DHW is not required to agree to their request.
5. **Clients have the right to request an alternative means of communication of their health information.**
   Clients will have the right to request that we communicate with them about their health information through a specific communication method or send information to a specific geographic location. For example, they can ask that we only contact them at work or by mail.

The Department of Health and Welfare staff will be responsible for adhering to the HIPAA Privacy Notice and the associated laws when providing services to our clients.

Contact the DHW HIPAA Project

Mail: DHW HIPAA Project
Department of Health and Welfare
PO Box 83720
Boise ID 83720-0036

HIPAA
Health Insurance Portability and Accountability Act
Idaho Department of Health & Welfare

Email: HIPAAComm@idhw.state.id.us

Fax: DHW HIPAA Project (208) 334-0645

Internet: www.idahohealth.org and click on the H & W HIPAA quick link

Provider Information Changes

It is critical that providers inform the Department of Health and Welfare or *EDS* of any changes to their provider data. Notify the Department or *EDS* in writing when you:

- ☞ have a new address or phone number
- ☞ have a new tax ID number
- ☞ have new certification, license, or insurance documentation
- ☞ want to affiliate with or disassociate from a group number
- ☞ want to make a change in your status (active, voluntary inactive, retired, etc.)

Note: when requesting a change of your tax identification number, you **must** include a signed W-9 form.

In all circumstances, the written request must include the affected provider number and the effective date the change is to take place. Requests can be faxed or mailed. Sign and date the authorization form.

Use the *Change of Provider Information Authorization Form* and fax your requested changes to *EDS* Provider Enrollment at 395-2198, or mail to: EDS Provider Enrollment, P.O. Box 23, Boise, ID 83707.

Change Of Provider Information Authorization Form	
Provider Number:	Provider Name:
Date requested change is effective:	
Please change the following: ___ Pay-to Address ___ Mailing Address ___ Tax ID number ___ Service Location ___ Telephone Number	
Old Address:	New Address:
Old Telephone Number:	New Telephone Number:
Old Tax ID Number:	New Tax ID Number: (Attach signed W-9 with date effective)
Additional Comments:	
Provider signature:	**Date signed:**
Mail to: EDS Provider Enrollment P.O. Box 23 Boise, ID 83707	Fax to EDS at 1-800-395-2198 att. Provider Enrollment For more information contact EDS at 1-800-685-3757, ask for Provider Enrollment

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., Suite 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com (new)
(208) 666-6859
(866) 899-2512 (toll free & new)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com (new)
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com (new)
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, Suite A
Boise, ID 83704

jane.hoover@eds.com (new)
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com (new)
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143 (new)
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com (new)
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com (new)
(208) 528-5728
Fax (208) 528-5756

July 9, 2002

INFORMATION RELEASE #2002-21

TO: **NEWBORN CARE PROVIDERS**
FROM: PAUL SWATSENBARG, Deputy Administrator
SUBJECT: **Newborn Screening (PKU) Testing**

Effective July 1, 2002, the billing procedure for Newborn Screening Kits (PKU) will be billable to the Idaho Medicaid program. The Newborn Screening Program will continue to coordinate newborn screening services. Test kits, formerly available directly from the Oregon Public Health laboratory, will now be ordered through the Idaho Newborn Screening Program. Kits must be purchased in advance from:

Idaho Newborn Screening Program
450 West State Street, 4th Floor
P O Box 83720
Boise, ID 83720-0036
(208) 334-4927

The price of the single kit is $18.00 and $36.00 for double kits. After using either a single kit or a double kit to collect the specimen, please bill Medicaid in the following manner:

HCFA 1500: When billing Idaho Medicaid for the "Newborn (PKU) Screening Kit", use HCPCS code S3620 instead of the information sent out from the Division of Health regarding the use of procedure code 99070**.** If a double kit is used, please indicate 2 units in the unit field. NOTE: The above billing procedure and reimbursement is not applicable to providers billing encounter codes.

UB 92: Please use revenue code 270.

Please be aware that all kits used after July 1, 2002, must be from the new stock and are distinguishable from the old kits by stating PREPAID.

If you have any questions, please contact Elvi Antonsson at 334-5795 ext. 17.

PS/ea

Attention: Pharmacies

Billing for DME Supplies

Pharmacies are reminded that they must bill all durable medical equipment and supplies with their DME Medicaid provider number and use the HCFA 1500 claim form. Although there are NDC codes from DME supplies, Idaho Medicaid does not use any of these codes. To bill for DME, the pharmacy provider must be enrolled as a DME medical vendor as well as a pharmacy. The provider then uses the HCFA 1500 claim form and their DME provider number.

Example: Medicaid client, Neda Help, goes to Pharmacy, Inc. for the renewal of a prescription and a box of test strips. First, Pharmacy, Inc. bills for the prescription using their ***pharmacy*** *provider number and pharmacy software. Then, on a separate claim (HCFA 1500) and using their* ***DME*** *provider number, Pharmacy, Inc. bills for one unit of test strips, using procedure code A4253.*

Pharmacy Internet Site

The Medicaid Pharmacy Section has an Internet site that will include information such as information releases, prior authorization forms, Medicaid Rules, and other information particular to the Pharmacy Program. It is accessible via the Internet at Idahohealth.org, click on *Medicaid*, click on *Information for Providers* then click on *Pharmacy Program Information* or just enter http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm to be taken to the site.

July 9, 2002

MEDICAID INFORMATION RELEASE 2002-22

TO: **ALL PERSONAL CARE SERVICES (PCS) PROVIDERS**
FROM: PAUL SWATSENBARG, Deputy Administrator
SUBJECT: **NEW PAYMENT RATES EFFECTIVE JULY 1, 2002**

Effective July 1, 2002, Medicaid will make some changes to its reimbursement for Personal Assistance Services (personal care and attendant services). As required by Idaho Code and IDAPA 16.03.09148, the Department conducted a salary survey to calculate the new rates. The maximum allowable amounts are based on wages and salaries paid for comparable positions within nursing facilities and intermediate care facilities for the mentally retarded (ICF/MRs). **NOTE: Services provided on or before June 30, 2002, must be billed separately from services provided on or after July 1, 2002. There may be an error in your payment if you do not use separate claim forms.**

The new rates are listed below by procedure code.

SUPERVISORY RN CODES:

0501P	Client Evaluation and Plan Development - Agency	$ 126.74
0503P	RN Supervising Visit - Agency	$ 30.88

SUPERVISORY QMRP CODES:

0513P	Client Evaluation and Plan Development / Agency	$ 79.95
0514P	QMRP Supervisory Visit / Agency	$ 26.65

PERSONAL ASSISTANCE SERVICE PROVIDER CODES:

AGENCY PROVIDERS

0541P	Hourly Services	$ $3.28/15 min unit
0641P	24-Hour Care - 1 Client	$ 68.29/day
0741P	24-Hour Care - 2 Clients	$ 58.68/day per client

INDEPENDENT PROVIDER'S HOME (NO WITHHOLDING)

0643P 24-Hour Care - 1 Client - Home of Provider $ 65.28/day
(Children under Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) only)

0743P 24-Hour Care - 2 Clients - Home of Provider $ 47.95/day per client
(Children under EPSDT Program only)

HOME OF THE CLIENT

0642P 24-Hour Care - 1 Client - Home of Client $60.26/day
(Children under EPSDT program only)

0742P 24-Hour Care - 2 clients - Home of Client $44.28/day per client
(Children under EPSDT program only)

HOME AND COMMUNITY BASED SERVICES:

0646P	Attendant Care	$ 3.28/15-minute unit
0670P	RN Supervising Visit	$30.88

If you have questions about this process, please contact your Regional Medicaid Services office. Thank you for your participation in the Idaho Medicaid Program.

PS/ea

August 1, 2002

MEDICAID INFORMATION RELEASE MA02 -23

TO: **ALL PHARMACIES & PHYSICIANS**
FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid
SUBJECT: **CHANGE IN QUANTITY OVERRIDE REQUESTS**

Effective for dates of service on or after August 19, 2002, the Medicaid Pharmacy Program will change the process for quantity override requests. Currently override requests are billed to EDS on a paper claim with the prescription attached. The new procedure will require you to request the quantity override from the Medicaid Pharmacy Program prior to dispensing.

Override requests must be **faxed to (208) 364-1864 for consideration prior to dispensing** to guarantee reimbursement. A form for this purpose is posted on the web-site mentioned below. If authorization is granted, the claim must be submitted on paper to EDS for payment on paper or in electronic batch format.

Due to an increase in requests for quantity overrides, the Pharmacy Program finds it necessary to apply the quantity restrictions more stringently. Medicaid follows guidelines set forth by the Food and Drug Administration (FDA), peer review medical literature, and compendia such as American Hospital Formulary Service Drug Information, United States Pharmacopeia-Drug Information, and American Medical Association Drug Evaluation. Under these review guidelines, overrides will only be granted if justification and documentation is provided by the physician.

For your convenience and information, the Medicaid Pharmacy Program will be posting a list of recommended maximum quantities per prescription for certain drugs to be used as a guide at:

http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

This information will be available on the above website August 1, 2002.

If you have any questions, please contact the Medicaid Pharmacy Program at (208) 364-1829.

Your participation in the Medicaid program is appreciated.

PS/ea

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

E

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

September 2 Office Closure

The Department of Health and Welfare and *EDS* offices will be closed for **Labor Day, September 2, 2002**.

A reminder that MAVIS, the Medicaid Automated Voice Information Service, is available on State holidays at:

1-800-685-3757 (toll free)

1-208-383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Administrative Assistant
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **September 2002**

In this issue:

1 Disease Management: A New Approach for Medicaid

2 HIPAA Compliance and Your Software

3 Sanction List Online

7 Attention: Medical Equipment and Supply Vendors

8 September 2 Office Closure

MAVIS Survey Enclosure

Regular Features:

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Information Releases

5 2002-24: New Billing Procedures for Anesthesia

5 MA02-25: Wheelchairs for ICF/MR Clients

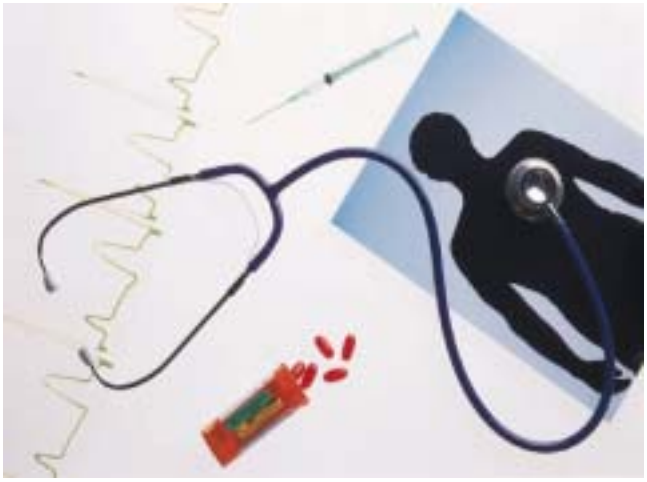
6 MA02-26: Mental Health Clinic Services POS Billing

6 MA02-27: New Hospital Review Criteria

7 MA02-28: Synagis Prior Authorization

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Disease Management: A New Approach for Medicaid



Idaho, like other states across the country, has been struggling to manage the rising costs of health care. Medicaid Care Management is taking a new approach to administering health benefits and managing costs. Medicaid is making the move from a system that "just pays the bills" to helping manage patient care with the development of a disease management program.

Disease management is an integrated approach to health care delivery that seeks to improve health outcomes and reduce health costs. The support and involvement of the medical community and key partners, families, physicians, pharmacists, nurses, etc., is essential to the success of any disease management program. The aim is to improve health outcomes and reduce health costs by:

- identifying and proactively monitoring high-risk populations
- increasing patient education
- providing tools to providers that will help them manage high-risk patients
- preventing avoidable future medical complications

Disease management programs target the part of the population that account for most of the spending, which are those with chronic illnesses. With direct access to claims data, Medicaid can identify and stratify those patients in the population who are living with a chronic disease.

Medicaid will continue to meet with key partners to help with review and development of materials and tools, disseminate information, and encourage implementation of disease management programs. We are always seeking input from those in the medical community and we welcome and encourage your input and involvement in this process. Upcoming projects and programs include pediatric asthma, diabetes, breast and cervical cancer, and emergency room utilization.

For further information, please contact:

Dr. Tom Young, Medicaid Medical Director, (208) 364-1902
Natalie Bodine, Medicaid Care Management, (208) 364-1824

HIPAA Compliance and Your Software

Information included in this article was excerpted from presentation materials developed by the Idaho HIPAA Coordinating Council* and the Department of Health and Welfare. This material was presented to the Idaho Health Care Community at seminars conducted throughout the State of Idaho in December 2001.

The June issue of the *MedicAide Newsletter* provided a timeline for submitting electronic claims in the ASC 4010 (HIPAA) format. That timeline specified that providers will submit claims using existing formats through October 6, 2002. Beginning October 7, 2002, the Department of Health and Welfare's claims processing system will be able to accept ASC 4010 claims. Providers **will have the option** of submitting electronic claims using existing formats or ASC 4010 formats. As of the October 16, 2003 compliance date, providers **will be required** to submit all electronic claims in the ASC 4010 format.

The following questions are designed to help you identify compliance activities for submitting electronic claims in ASC 4010 (HIPAA) format. This information is intended for health care providers who use claims software other than the free software provided by the Department of Health and Welfare.

1. Consult with your practice management software vendor and any billing companies you work with to check their progress towards becoming HIPAA ready.

2. Don't rely on vendors or billing companies verbal promises of readiness. Instead, renegotiate your contracts (adding language to hold your vendors responsible) and follow the advice that is outlined below. If your vendors are not ready, be prepared to find new vendors. Remember, this process takes time.

3. If you opt to purchase new software, can your existing data be converted to the new system? How much will this conversion cost? How long will the conversion take?

4. Ask your clearinghouses and payers for a specific date when they will be able to send and receive standard administrative electronic communications. At the latest, you should start testing your systems for compliance by May 2003.

5. Can your software fill all the HIPAA required fields and generate the correct HIPAA transaction (ANSI ASC X12N837 Version 4010) or will your vendor or clearinghouse transform your data into the appropriate transaction? Can it handle the other transaction standards?

ONLINE RESOURCES:

Washington Publishing Company, Implementation Guides Adopted for use under HIPAA, 837 Health Care claim (Professional), username and password required, no charge for access, http://www.wpc-edi.com/hipaa/cleanfile.asp?HIPAADownload_Action=Find('GuidelineID'.98')

6. Does your software limit you to working with only one clearinghouse? How much will your clearinghouse charge to process claims?

7. Can your software fill all required fields and generate authorizations and pre-approvals?

8. Ask your vendor if there will be costs for upgrading existing software or hardware to become HIPAA compliant. What is the cost of ongoing software support and upgrades?

9. Find out how your software vendor plans to work directly with payers or clearinghouses to implement HIPAA ready systems. How will the systems be tested, and how will you be updated about testing results?

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www2.state.id.us/dhw
www.idahohealth.org

Pharmacy Website:

DHW Customer Service
(800) 378-3385
(208) 334-5795

Medicaid Provider Fraud and Utilization Review
For complaints regarding Medicaid or Welfare fraud and abuse contact:

P. O. Box 83720
Boise, ID 83720-0036

(866) 635-7515 (toll free)
(208) 334-0675

Email:
~medicaidfraud&sur@idhw.state.id.us
(note: this email address must begin with ~)

Internet:
www2.state.id.us/dhw/Medicaid/for_providers.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088 (new)
(800) 799-5088

Region III - Caldwell
(208) 455-7280 (new)
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260 (new)
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
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Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

10. Who will be certifying the results from your software vendor's tests?

ONLINE RESOURCES:

Electronic Healthcare Network Accreditation Commission: www.ehnac.org

Strategic National Implementation Process (SNIPP) Transactions Work Group, Testing and Certification, a white paper describing the recommended solutions associated with compliance certification of the HIPAA transactions http://snip.wedi.org/public/articles/testing2.0.pdf

11. Do you have a current software maintenance agreement? If so, does it cover the costs associated with making your software HIPAA ready? What guarantees for timely readiness are specified by the agreement? If necessary, renegotiate the agreement.

12. If you are using a clearinghouse, it is important to note that you may not have to submit your claim information in a valid ASCI ASC X12N 837 format (as the clearinghouse may be able to convert your submission into the valid format). However, does your software submit to the clearinghouse all of the data fields that are required so it can submit a complete claim to the payer? If not, what new information will you need to send in the claim file or what information will the clearinghouse need to keep on file for converting claims to HIPAA compliance?

13. With the complete implementation of HIPAA, healthcare plan identification numbers (a.k.a. National Payer ID numbers) may change. Can your system upload the revised healthcare plan identification numbers automatically, or will you have to manually input thousands of new numbers? Under HIPAA, National Payer ID numbers are used to uniquely identify all organizations that pay for health care services.

*The Idaho HIPAA Coordinating Council (IHCC) is made up of individuals who represent those who are impacted by HIPAA legislation. Members represent health care providers, insurance carriers, third party billing agents, and State, County and City governmental entities to name a few. The IHCC provides the means to create a collaborative healthcare industry-wide process to bring about a statewide coordination effort that is necessary to achieve successful compliance. Learn more about their vision, mission and purpose by visiting their webpage at http://www2.state.id.us/dhw/hipaa/cc/council_home.htm

Did you know that the Department will be ready to accept ASC4010 formatted claims starting October 7, 2002? If you plan to submit a claim in the ASC4010 format, it is very important that you contact us at: HIPAAComm@idhw.state.id.us

We will need to test with you before you submit a HIPAA formatted claim.

Contact the DHW HIPAA Project

Mail: DHW HIPAA Project
Department of Health and Welfare
PO Box 83720
Boise ID 83720-0036

Email: HIPAAComm@idhw.state.id.us

Fax: DHW HIPAA Project (208) 334-0645

Internet: www.idahohealth.org and click on the H & W HIPAA quick link

Sanction List Online

A recent phone call from a local provider brought to light that many providers are not aware that the Department publishes its sanction list on the Internet. The sanction list includes medical service providers and others who have been excluded from participation in the Idaho Medicaid Program. The Office of Inspector General (OIG) maintains an exclusion list of all persons and entities who have been excluded from participating in any federally funded health care programs. When excluded, this means a person or provider is precluded from directly or indirectly providing services under the program.

Services performed by excluded providers are not reimbursable by Idaho Medicaid. Services provided by excluded providers may be subject to recoupment. All providers should incorporate a check of both the federal and Idaho Medicaid sanction lists into their hiring process.

The Idaho sanction list site is www2.state.id.us/dhw/Medicaid/exclusions.html

The Federal sanction list site is www.oig.hhs.gov/fraud/exclusions.html

Submitting Paper Claims

It is very important that **all** paper claims are easy to read and the required information is in the correct field. Follow these guidelines to ensure that your claim is ready for scanning:

1. Use an original, **color** claim form. Black forms cannot be scanned and will be returned.

2. Use **black** ink on the color form.

3. Use a typewriter with a good ribbon or a printer with a good ink cartridge. Change the ribbon or ink source when the print becomes light.

4. Be sure to stay within the box for each field.

5. When using a typewriter or printer, make sure the form is lined up correctly so it prints evenly. This means adjusting the form both side-to-side as well as up and down. Claims cannot be processed when the information "slips" out of the correct field.

6. If completing the form by hand, print neatly using block letters.

7. When entering an **X** in a check-off box, be sure that the mark is centered in the box.

8. Use correction strips to cover errors.

9. Check your provider handbook for the required fields. When billing Medicaid there is no need to enter data into fields that are not required.

10. Do not staple attachments to the form. Stack them behind the claim. (Check your provider handbook to see if an attachment is required.)

11. Do not fold the claim form. Mail it flat in a 9x12 envelope (minimum size).

Special Notes on the HCFA 1500

Individuals submitting paper HCFA 1500 claims:

- Leave field 24K blank
- Enter the **individual** Idaho Medicaid Provider Identification Number next to PIN# in field 33

Groups submitting paper HCFA 1500 claims:

- Enter the **performing provider's** Idaho Medicaid Provider Identification Number in field 24K for each detail line
- Leave the space blank next to PIN# in field 33
- Enter the **group's** Idaho Medicaid Provider Identification Number next to GRP# in field 33

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2072

Client Assistance Line
Toll free: (888) 239-8463

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., Suite 102
Coeur d'Alene, ID 83814
prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501
joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605
mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, Suite A
Boise, ID 83704
jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318
penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002
Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201
sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402
bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

July 24, 2002

MEDICAID INFORMATION RELEASE #2002-24

TO: **ALL ANESTHESIA PROVIDERS**

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: **NEW BILLING PROCEDURES FOR ANESTHESIA**

In order to be compliant with the Health Insurance Portability and Accountability Act (HIPAA) and Medicaid's effort to align reimbursement rates with Medicare, the billing procedure for anesthesia will change.

Effective service dates on or after August 1, 2002, the following modifiers will no longer be accepted when billing for anesthesia procedures:

AG, PS, FD, PT, TH, and EG.

In addition, the following modifiers will be **informational only**, and will not be used in the pricing process of a procedure or result in additional reimbursement:

P2, P3, P4, and P5.

If you have any questions, please contact Elvi Antonsson (208) 334-5795 ext. 17.

Your participation in the Medicaid Program is appreciated.

PS/ea

July 29, 2002

MEDICAID INFORMATION RELEASE MA02-25

TO: **INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR)**

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: **WHEELCHAIRS FOR ICF/MR CLIENTS**

Effective for dates of service on or after August 1, 2002, any client living in an ICF/MR in need of a wheelchair may obtain one from a qualified Medicaid supplier and have the purchase billed to Medicaid. The wheelchair must be authorized prior to dispensing using the same guidelines applied to all Medicaid clients. This includes requests for specialized wheelchairs. The purchase will be the most cost-effective equipment that meets the client's medical need.

Current policy stipulates that ICF/MR facilities provide wheelchairs for clients as content of care. Under the new policy, the wheelchair is the property of the client, not the facility.

Revisions will be made to Rules Governing Medicaid Provider Reimbursement to reflect the new policy.

If you have any questions, please contact Elvi Antonsson at (208) 334-5795, ext. 17.

PS/ea

MEDICAID INFORMATION RELEASE #MA02-26

TO: **ALL MENTAL HEALTH CLINIC PROVIDERS**

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: **MENTAL HEALTH CLINIC SERVICES – PLACE OF SERVICE BILLING**

As published in the June 2002 issue of Medic/Aide, Medicaid Information Release MA-02-16 stated that clinic services are reimbursable only when provided in the actual clinic setting. This definition is clearly established in the Code of Federal Regulations at 42 CFR 440.90, which specifically defines Clinic Services as those services furnished to outpatients "at the clinic".

The current Idaho Medicaid Provider Handbook, Clinic Program Guidelines, included an expansive Place of Service Codes list on page 3-10, Section 3.2.8. Although the system may have accepted other codes, there are only two appropriate place of service codes for reporting Mental Health Clinic services.

- The majority of claims should reflect that services were provided at the clinic and should be billed using place of service code **11-Office**.
- In the rare occasion where services are provided to an eligible homeless individual, the place of service code **18-Community** is the appropriate code. This is the only exception to services being provided outside the clinic. The services must be provided by clinic personnel, under the direction of a physician, to an eligible homeless individual, who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Clinic records should clearly identify the service provided and reflect detailed information to verify the individual's homeless status.

Use of other place of service codes, such as 53-Community Mental Health Center, will result in denied claims.

If you have any questions, please contact Carolyn Burt-Patterson (208)334-5795, ext 18.

Your continued participation in the Medicaid Program is appreciated.

August 1, 2002

MEDICAID INFORMATION RELEASE #MA02-27

TO: **HOSPITALS**
PHYSICIANS
OSTEOPATHS

FROM: RANDY MAY, Deputy Administrator, Division of Medicaid

SUBJECT: **NEW HOSPITAL REVIEW CRITERIA**

Any review received on or after September 30, 2002, by Qualis Health (formerly PRO-West), Idaho Medicaid's Quality Improvement Organization, will be reviewed utilizing InterQual® clinical appropriateness criteria. This criteria will be used to review for prior authorization of procedures and diagnoses on Idaho Medicaid's Select Pre-Authorization List and for the length of stay reviews. InterQual® criteria will replace the non-physician review criteria that was developed and distributed by Qualis Health to Idaho Medicaid providers in the past.

InterQual® criteria is the national standard being used for all Medicare reviews since January 2002. Panels of 500+ health professionals across the nation are used to reach an agreeable standard for this clinical criteria. Additionally, the criteria is continually reviewed and updated with new editions released annually.

Providers may obtain the criteria on a lease basis from McKesson Health Solutions, LLC. Those wishing to lease InterQual® criteria may learn more by calling Mr. Dean Bushey at McKesson Health Solutions, LLC, at their toll free number (800) 522-6780 extension 3217. Additional information is also available at www.interqual.com. Providers are not required to lease the new criteria and may request specific criteria on a case-by-case basis, at no cost, from Qualis Health.

If you have questions, please contact Arlee Coppinger, Contract Officer, at (208) 334-5754.

Your participation in the Idaho Medicaid Program is appreciated.

MEDICAID INFORMATION RELEASE #MA02-28

TO: **PHYSICIANS, MID-LEVELS, PHARMACIES, HOME HEALTH AGENCIES, RURAL HEALTH CLINICS, AND FEDERALLY QUALIFIED HEALTH CENTERS**

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: **SYNAGIS PRIOR AUTHORIZATION**

In conjunction with the beginning of the 2002/2003 Respiratory Syncytial Virus (RSV) infection season, **effective dates of service on or after September 1, 2002,** Idaho Medicaid will no longer require prior authorization for Synagis to be reimbursed.

The information we obtained from our previous prior authorization data allowed Medicaid to gather accurate information on children receiving Synagis through a home health visit. Based on the information received, Synagis was being ordered according to the American Academy of Pediatric (AAP) guidelines. We are continuing to analyze the home health information to incorporate the information for possible future changes in the home health benefit. This will help insure the appropriate treatment, and help manage costs. If you have any questions, please contact Carolyn Burt-Patterson, LSW (208) 334-5795, ext. 18.

Your continued participation in the Medicaid program is appreciated as is your awareness and practice of following AAP guidelines.

PS/cb

Attention: Medical Equipment and Supply Vendors

In order for the Department to follow Medicare guidelines as closely as possible we have made a policy adjustment. Effective immediately the codes listed below will only be considered valid if billed with an **RR** modifier. If you bill with either a blank modifier or an NU modifier your claims will be denied.

The procedure codes requiring the **RR** modifier are:

Oxygen Supplies and Equipment: E0424, E0431, E0434, E0439, E0441, E0442, E0443, E0444, E0455, E0555, E0580, E1390, E1400, E1401, E1401, E1402, E0404, E1405, E1406

Equipment:
E0450 volume ventilator
E0457 chest shell
E0460 negative pressure ventilator
E0500 IPPB Machine

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

E

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

September 2 Office Closure

The Department of Health and Welfare and *EDS* offices will be closed for **Labor Day, September 2, 2002**.

A reminder that MAVIS, the Medicaid Automated Voice Information Service, is available on State holidays at:

1-800-685-3757 (toll free)

1-208-383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Administrative Assistant
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

1. How often do you access Medicaid Automated Voice Information Service (MAVIS)?
   ___ Daily ___ Weekly ___ Monthly ___ Less than on a monthly basis.

2. Which MAVIS features do you like the **most**? Please select up to three items.
   ___ Avoid the wait to speak to an agent
   ___ Flexibility of using voice recognition and/or keypad
   ___ Fax back verification
   ___ Keypad options
   ___ Other _____
   ___ Quick access to information
   ___ Voice recognition
   ___ 24-Hour service available
   ___ Help and hints

3. Which MAVIS features do you like **least**? Please select up to three items.
   ___ Forced transfer to an Agent
   ___ Voice Recognition
   ___ Fax Back Verification
   ___ Limit of 10 transactions per call
   ___ Keypad Options
   ___ Other _____
   ___ Quick access to information
   ___ MAVIS not understanding me
   ___ 24-Hour Service available
   ___ Help and Hints
   ___ Other Insurance Coverage

On the following questions, please circle the response that best describes your answer using the following scale.

1 = Strongly agree 2 = Agree 3 = Undecided 4 = Disagree 5 = Strongly disagree

4.	The keypad features assist in quickly navigating through MAVIS.	1	2	3	4	5
5.	The voice recognition feature assists in quickly navigating through MAVIS.	1	2	3	4	5
6.	MAVIS supplies accurate information.	1	2	3	4	5
7.	MAVIS provides responses to inquiries in a timely manner.	1	2	3	4	5
8.	MAVIS is an improvement over the system used before January 2002.	1	2	3	4	5
9.	I reach an agent promptly when I request an agent through MAVIS.	1	2	3	4	5

10. I rank MAVIS's overall performance as: Excellent Average Poor

11. Our office staff has access to the Internet. YES NO

12. We use EDS software (ECMS-PC) to check eligibility. YES NO

13. Additional Comments: _____

Print and complete this survey. To mail, fold over and seal. Address to: Medicaid Provider Survey, State of Idaho, Attn: Becca Ruhl, P. O. Box 83720, Boise, ID 83707-9815. First class postage is required. Thank you for your participation.

MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **October 2002**

In this issue:

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1 HIPAA Extension Deadline
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4 Advantages of the Online Provider Handbook
8 2-1-1 Idaho CareLine

Regular Features:

2 & 3, 4 & 5 Phone Numbers and Addresses

Information Releases

5 MA02-29: Reimbursement for Abortions
6 MA02-30: Correction to July DME IR #MA02-20
7 MA02-31: Spacers, Nutritional Products, Diabetic Test Strips

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Healthy Connections Update

As the Healthy Connections program continues to grow statewide, here are some quick reminders:

- Always check Medicaid eligibility **and** Healthy Connections participation **prior** to rendering services via the Medicaid Automated Voice Information Service (MAVIS).
- Obtain necessary referrals prior to rendering services or inform the patient that the service will not be covered by Medicaid , otherwise Medicaid will not pay nor can you bill the patient.
- Referrals (or doctor's order from the HC provider) can be either written or verbal, but must be documented in the patient's permanent chart/record by both the primary care provider (PCP) and the recipient of the referral.
- Referrals should be accompanied by a referral number that you use for billing. The number goes in the referring physician number field on the claim.
- PCP referral numbers change occasionally for business reasons. You should verify the referral number each time you request a referral.
- An enrollee can change PCPs every month. Check HC participation each time you see the enrollee.
- Use of a referral number on a claim means that you have secured the referral for the dates of service you are providing the service on, and it has been documented.
- Over 40% of Medicaid recipients currently participate in Healthy Connections. This is expected to increase to around 70% within the next year.

Thanks to all our wonderful providers who help make Healthy Connections a successful program for Idaho.

HIPAA Extension Deadline

Reminder: if you are not going to be HIPAA compliant by October 16, 2002, you must file an extension with the Centers for Medicare and Medicaid Services (CMS) unless you exclusively submit claims on paper. If you use the free Idaho Medicaid software to submit claims, you must file an extension, as this software will not be HIPAA compliant in October 2002. The extension must be filed by October 15, 2002. You may file online at:

http://www.cms.hhs.gov/hipaa/hipaa2/ASCAForm.asp

Questions & Answers

Idaho is preparing for implementation of the Health Insurance Portability and Accountability Act (HIPAA). We will begin HIPAA implementation of the Idaho Medicaid system in October. If you submit Dental, Professional or Institutional Medicaid claims, the following provides you with some information for submitting these claims. In our next Medicaid newsletter, we will provide you with a Q&A for submitting retail pharmacy claims.

Q. How will the Department of Health and Welfare implement the HIPAA electronic standards?

A. We will be implementing the HIPAA electronic transactions and codes sets (TCS) in a series of releases.

- **Release 1 is scheduled for October 7, 2002.** We will add the capability to receive claims in the ASC 4010 (HIPAA) format as well as our current formats.
- **Release 2 is scheduled for May 2003.** We will replace the Medicaid software provided by the Department, and implement standards for Pharmacy claims.
- **Release 3 is scheduled for October 2003**. We will no longer accept electronic claims in the non-HIPAA format.

We will continue to provide you with more information on these releases through correspondence, our Medicaid newsletter, and our web site at www.idahohealth.org

Q. When can I begin to send Medicaid claims in the new HIPAA format?

A. The new format for non-pharmacy claims is called the ASC 4010. You can begin using this format as early as October 7, 2002. Before submitting any claims, you or your vendor must contact EDS (our contractor) to test your new software with the Medicaid system. If you do not test with EDS before sending a claim in the new format, your claim will be rejected. EDS will help you understand what to expect with your HIPAA transactions. If you or your vendor are ready to test your software, you may contact EDS at: 866-301-7751. This number is **ONLY** for testing your software. If you have questions pertaining to HIPAA, you may email our helpdesk at: HIPAAComm@idhw.state.id.us

Q. Can I send electronic claims in the current format after October 7, 2002, or am I required to send claims in the new HIPAA format?

A. Sending claims in the new ASC 4010 (HIPAA) format is an option at this time. You may continue to send claims in the current 3050 or NSF format. The Idaho Medicaid program will only be in the first phase of our HIPAA readiness plan and will automatically 'translate' your ASC 4010 claims back into the old format in order to process them. The remittance advice will remain the same.

Q. When is the last possible date I can submit claims in the non-HIPAA compliant electronic format (3050 or NSF)?

A. October 16, **2003**.

Q. I use the Medicaid software (ECMS-PC) I received from the Idaho Medicaid program. What do I need to do to get ready to submit claims in the HIPAA format?

A. If you use the Medicaid software, you will not be affected until May 2003. You will receive new software prior to May, 2003. The software will continue to be provided free of

Continued on page 3

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088 (new)
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

HIPAA Questions & Answers

Continued from page 2

charge and training will be available. Regardless of the software you use, if you are **not** HIPAA compliant by October 16, 2002, you must file for an extension by October 15, 2002.

Q. I understand that many of the codes I use for billing will be changing. How will I know what codes to use?

A. Some codes have already changed and more will be eliminated October 7, 2002. The best way to keep track of code changes is to check your Idaho Medicaid newsletter. All the codes you should be using are found in the HCPCS and CPT procedure books. You should use codes from these books according to the procedure performed.

Q. What will happen to my claim if I use a discontinued code after October 16, 2003?

A. Your claim will be denied if you do not use the appropriate code. We will continue to keep you apprised of information on submitting claims in our future issues of our Medicaid newsletter.

Q. How do I submit paper claims in the ASC 4010 format?

A. Paper claims are **not** changing because there is no paper version of the ASC 4010 electronic format. You will continue to use the standard claim forms to submit paper claims. If you bill on paper, continue to use the current guidelines outlined in your provider handbook.

Q. Where can I get additional information on HIPAA and electronic claims submission?

A. If providers have additional questions, they can e-mail our helpdesk at: HIPAAComm@idhw.state.id.us.

Well Child Visits

As of March 2002, when billing for a Well Child visit and immunizations on the same date of service, always bill the office visit with a modifier 25. If the modifier is not used, the immunizations will be denied as included in the office visit.

RA Mailing Address

EDS is only authorized to mail Remittance Advices to the business mailing address of the provider specified in the provider's Medicaid enrollment application. EDS is unable to honor special requests for the distribution of remittance advices.

October 14th Office Closure

The Department of Health and Welfare and *EDS* offices will be closed for **Columbus Day, October 14, 2002**.

A reminder that MAVIS, the Medicaid Automated Voice Information Service, is available on State holidays at:

1-800-685-3757 (toll free)

1-208-383-4310 (Boise local)

Pharmacy Billing

Effective October 1, 2002, all prescriptions for oral "Triptans", indicated for the acute treatment of migraine, will be limited to eighteen (18) tablets **per month**. These include, but are not limited to, Axert, Frova, Amerge, Imitrex, Maxalt, and Zomig. This change applies to both the plain oral tablets and the orally disintegrating tablets. Imitrex injection will be limited to four (4) of the 6 mg dosages **per month**, and Imitrex nasal spray will be limited to six (6) units **per month**.

Quantities which are above the allowed limit must be requested using the Quantity Limit Override Form available online or from the Medicaid Pharmacy Unit. Providers are reminded that a pattern of dispensing multiple prescriptions for the same medication during one calendar month may trigger an audit and potentially be cause for recoupment of paid claims.

Providers are reminded that changes in the Medicaid pharmacy reimbursement program will be communicated via the *MedicAide* monthly publication and information releases sent to all providers. The publication is also available for review on the Medicaid Web Site at http://www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

New Red Pharmacy Claim Form

In order to improve the scanning of paper pharmacy claims, a new red form is being distributed to pharmacy providers. The images on the new form are cleaner and the information entered is easier to read. When completing the new paper form, use black ink and a 10 point Courier font. Handwritten claims should be avoided since they do not scan well. As paper claims are received, a supply of the new red form will be sent to the submitter by return mail.

Pharmacy providers should consider submitting as many claims as possible electronically since very few claims require paper attachments.

Advantages of the Online Provider Handbook

For providers who have Internet access there are several advantages to retrieving the Idaho Medicaid Provider Handbook from the State Internet site. These include:

- Anyone at a service location with access to the Internet can access the provider handbook and work directly from the online version or download it to their own computer.
- In offices with limited access to the Internet, a user can download the handbook and then share it with other users either through a LAN or by copying it to diskette.
- Providers can print as many paper copies as they want and distribute them to everyone who needs a copy. In addition, the user only needs to print those pages that are needed.
- The online handbook is searchable. If the user wants information on a specific code, he or she can do a word search and go directly to every reference in the handbook.
- The online version is always up-to-date.
- Users can copy information from the online handbook and paste it into other documents such as office guidelines.
- Providers who want to read about a different provider type can go to the Internet and either copy just the paragraphs they need or download the entire file.

The Provider Handbooks are available at: IdahoHealth.org. Select the Medicaid link, Information for Providers, Idaho Medicaid Provider Handbook. (This page also has information on downloading Acrobat Reader and printing instructions.)

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

MEDICAID INFORMATION RELEASE #MA02-29

TO: **ALL PHYSICIANS**

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: **REIMBURSEMENT FOR ABORTIONS**

A recent court ruling that has interpreted an amendment to statute has changed the requirements for state-funded abortions. For abortions **performed with dates of service on or after July 1, 2002,** the following rules apply:

- The state will no longer reimburse for abortions performed solely to save the **health** of the woman.
- Medicaid will pay for an abortion only under the following circumstances:
  - When a physician certifies in writing that, on the basis of his/her professional judgment, an abortion is necessary to save the **life** of the woman. The physician's certification must contain the name and address of the woman.
  - When the pregnancy is the result of rape or incest, and
    - If rape or incest is determined by a court of law, a copy of the court determination of rape or incest is submitted with the request for payment; or
    - If no court determination has been made,
      - Documentation is provided that the rape or incest was reported to a law enforcement agency, or
      - Certification in writing by a licensed physician is provided that, in the physician's professional opinion, the woman was unable, for reasons related to her health, to report the rape or incest to a law enforcement agency. The certification must include the name and address of the woman; or
      - Documentation is provided that the woman was under the age of eighteen (18) at the time of sexual intercourse.

These documentation requirements can also be found in IDAPA 16.03.09.095. If you have any questions, please contact Elvi Antonsson at (208) 334-5795, ext. 17.

Your participation in the Medicaid program is appreciated.

PS/ea

Information about Information Releases

To obtain a copy of a current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call 1-208-334-5795 and press **ext 10**.

MEDICAID INFORMATION RELEASE #MA02-30

TO: **DURABLE MEDICAL EQUIPMENT (DME) PROVIDERS**

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: **CORRECTION TO JULY DME INFORMATION RELEASE #MA02-20**

- At this time, Idaho Medicaid follows the 2001 DMERC guidelines and not the current 2002 DMERC guidelines. We incorrectly stated that we followed the 2002 guidelines for CPAP supplies.
- The codes for supply kits were listed incorrectly in the July newsletter. The correct codes for feeding supply kits are: B4034 (syringe fed), B4035 (pump fed), and B4036 (gravity fed).
- For continuous rental (oxygen) claims, please bill with the RR modifier. All claims submitted after September 6, 2002, without the RR modifier will be denied. We have corrected our system to allow correct payment with the RR modifier.

  Procedure codes that require the RR modifier:

Oxygen Supplies/Equipment	Equipment
E0424, E0431, E0434	E0450 volume ventilator
E0439, E0441, E0442	E0460 negative pressure ventilator
E0443, D0444, E1390	E0500 IPPB machine
E1405, E1406	

Additional Information: When submitting a request for a renewal or continuation of a previous authorization, please submit a new request form with the current information. The fax number for the DME unit is: (800) 352-6044.

We apologize for any inconvenience this may have caused.

Questions regarding this information may be directed to Colleen Osborn at (208) 334-5795, ext. 16. Thank you for your continued participation in the Idaho Medicaid program.

PS/co

Information about Information Releases

To obtain a copy of a current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call 1-208-334-5795 and press **ext 10**.

MEDICAID INFORMATION RELEASE #MA02-31

TO: **PHARMACY PROVIDERS**
DURABLE MEDICAL EQUIPMENT (DME) PROVIDERS

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: **SPACERS, NUTRITIONAL PRODUCTS, DIABETIC TEST STRIPS**

We would like to clarify our DME program guidelines regarding spacers, nutritional products, and diabetic test strips. The items mentioned below do not require prior authorization.

Spacers: A separate invoice is no longer required when billing for spacers. Spacers should be billed with the following HCPCS codes effective 6/1/2002. Please note that HCPCS code *A4627* is no longer valid with Medicaid as of 6/1/2002.

S8100 Holding chamber or spacer for use with an inhaler or nebulizer, without mask.
Reimbursement is $12.30.

S8101 Holding chamber or spacer for use with an inhaler or nebulizer, with mask.
Reimbursement is $19.00.

Diabetic Test Strips: Please bill under HCPCS A4253, regardless of brand. One unit equals 50 strips. The physician must indicate the frequency of testing in order to determine the number of strips medically necessary per month.

Home Blood Glucose Monitors: We will purchase one monitor, HCPCS E0607, once every five years and then only if the old monitor is no longer functional. Desire of the client to upgrade to a newer monitor does not meet medical necessity criteria. Medicaid rules state we will reimburse for the least costly means of meeting the medical needs of the client.

Nutritional Supplements: In addition to the physician's prescription, the quantity and a nutritional plan are required. Medicaid is in alignment with Medicare codes and uses HCPCS B4150 - B4156 for nutritional products. The nutritional plan must be kept in the provider's records for a period of five years. Effective October 7, 2002, HIPAA will require that records be kept for a period of six years. Our rules will be updated to reflect this change.

The nutritional plan must be updated annually and include the following:

- Appropriate nutritional history.
- Client's current height, weight, age, and medical diagnosis.
- For clients under the age of 21, a growth chart including height/weight percentile is required.
- Plan must include goals for either weight gain or maintenance. If the supplement is not the client's total source of nutrition, the plan must outline steps to decrease the client's dependence on supplements.
- Billing is in 100-calorie units. Figure the total calories per month and divide by 100 for the number of units to bill.
- If the product is given orally, please state so in the comments field of the HCFA 1500.

Questions regarding this information may be directed to Colleen Osborn at (208) 334-5795, ext. 16.

Thank you for your continued participation in the Idaho Medicaid program.

Information about Information Releases

To obtain a copy of a current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call 1-208-334-5795 and press **ext 10**.

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

E

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

2-1-1
(800) 926-2588

Idaho CareLine

The Idaho CareLine recently activated a new in-state phone service using the toll-free number, 2-1-1. The service was launched in southwest Idaho in September 2002 and will be available statewide within a year.

The 2-1-1 Idaho CareLine provides free referrals to a broad range of health and human services within Idaho. Staff are available Monday through Friday, 8 a.m. to 6 p.m. (MST) except business holidays.

Their new number is not yet available in all calling areas or from phones that require the caller to dial an 8 or 9 to get an outside line. Callers may continue to use the alternate number (800) 926-2588. Help is also available in Spanish.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
Becca Ruhl,
Administrative Assistant
Division of Medicaid

Cynthia Brandt,
Publications Coordinator,
EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

MedicAide

An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid **November 2002**

In this issue:

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9 MA02-35: Cost Effective Use of Long-acting Opioids Analgesics
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Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

"Thank You" to Providers Who Returned MAVIS Survey

When we installed the Medicaid Automated Voice Information Service (MAVIS) here in Idaho we were the first state Medicaid system in the country to adopt this new technology. It has been almost a year since MAVIS went live and we have appreciated the feedback that providers have given us about the system.

With the help of the 531 providers who responded to our survey, we now have a better picture of how we can continue to improve MAVIS. We are taking the concerns that were raised by survey responses to our MAVIS technical team and to the vendor of the system. *EDS* is committed to continually improving provider services and we appreciate your help in doing so.

The most common criticism of MAVIS is that 'she' sometimes cannot understand the caller. We are researching what can be done to improve her performance. In the meantime, we are reprinting in this issue of *MedicAide* information on when and how to use the telephone keypad to enter information. This is adapted from the MAVIS appendix in the *Idaho Medicaid Provider Handbook*.

The survey results are on page 2 of this newsletter and the keypad tips are on page 3. We are reading and analyzing the comments that ranged from Medicaid policy to technical billing questions.

Again, 'thank you' to those who returned their MAVIS surveys. Your responses are helping us improve the services we deliver to all Idaho Medicaid providers. We appreciate your comments and your support of the Idaho Medicaid program.

Paul Combs
Provider Services Manager
EDS

November Office Closures

The Department of Health and Welfare and *EDS* offices will be closed for the following State holidays:

Veterans Day, November 11

Thanksgiving Day, November 28

A reminder that MAVIS, the Medicaid Automated Voice Information Service, is available on State holidays at:

1-800-685-3757 (toll-free) 1-208-383-4310 (Boise local)

MAVIS Survey Results

1. How often do you access Medicaid Automated Voice Information Service (MAVIS)?

   30% Daily 40% Weekly 15% Monthly 9% Less than monthly

2. Which MAVIS features do you like the most?

   65% Voice recognition
   50% 24-Hour service available
   46% Quick access to information
   39% Avoid the wait to speak to an agent
   23% Flexibility using voice and/or keypad
   18% Fax back verification
   15% Keypad options
   2% Help and hints

3. Which MAVIS features do you like least?

   59% MAVIS not understanding me
   24% Voice Recognition
   12% Limit of 10 transactions per call
   9% Forced transfer to an Agent
   7% Fax Back Verification
   6% Other Insurance Coverage
   3% Keypad Options
   4% Help and Hints
   2% Quick access to information
   1% 24-Hour Service available

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
4.	The keypad features assist in quickly navigating through MAVIS.	21%	40%	29%	4%	6%
5.	The voice recognition feature assists in quickly navigating through MAVIS.	18%	33%	18%	16%	15%
6.	MAVIS supplies accurate information.	25%	50%	15%	5%	5%
7.	MAVIS provides responses to inquiries in a timely manner.	24%	46%	16%	8%	6%
8.	MAVIS is an improvement over the system used before January 2002.	23%	29%	25%	9%	14%
9.	I reach an agent promptly when I request an agent through MAVIS.	10%	29%	20%	23%	18%
10.	I rank MAVIS's overall performance as:			Excellent 32%	Average 52%	Poor 16%
11.	Our office staff has access to the Internet.				72% YES	28% NO
12.	We use EDS software (ECMS-PC) to check eligibility.				22% YES	78% NO

13. The final question on the survey asked for additional comments. These comments fell into the following general categories.

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DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864
Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

MAVIS: Just say the word...

The following information is adapted from the MAVIS Appendix in the Idaho Medicaid Provider Handbook.

There are two ways you can use your keypad: entering data and shortcuts.

Entering Data

The keypad numbers 1 and 2 can be used to answer all questions that require a YES or NO response: **1** is for YES and **2** is for NO.

In addition, any information MAVIS requests that is **all numbers** can be entered using your telephone keypad. You can key:

- your provider number
- security code
- revenue codes
- Social Security numbers
- national drug codes (NDC)
- dates of service (mm/dd/ccyy)
- dates of birth (mm/dd/ccyy)
- telephone numbers for faxes
- client identification numbers (MID)

To move even faster after entering the information with the keypad, press the **#** sign. MAVIS will jump to either the next question or return the desired information. (This only works when entering information; you cannot use the # sign with menu shortcuts.)

Since you can only key information that is all numbers, you **cannot** key information that might include letters. This means that you cannot use the keypad for the following:

- procedure codes
- client names
- EOB codes
- mailing address

Keypad Shortcuts

To by-pass the greeting and introduction, press 9 as soon as you hear MAVIS say "Good…." MAVIS will jump to the Main Menu.

To by-pass the Main Menu and go directly to a menu option, wait for MAVIS to begin to say "Main Menu…" Press the Main Menu keypad shortcut number:

1 Client Information
2 Claims Information
3 Last Check Amount
4 Provider Enrollment Status
5 Mailing Addresses
6 To Switch to a Different Provider
7 To Change the Security Code for the Current Provider

To by-pass the Client Information menu, wait for MAVIS to begin to say "What kind of…" Press the Client Information keypad shortcut number:

1 Eligibility or Healthy Connections Information
2 Other Insurance
3 Lock-in
4 Long Term Care Eligibility
5 Service Limits
6 Prior Authorization Number

To by-pass the Claims Information Menu, wait for MAVIS to begin to say "What kind of…" Press the Claims Information keypad shortcut number:

1 Claim Status
2 Procedure Code Coverage
3 National Drug Code Coverage
4 Revenue Code Coverage
5 EOB Message Codes
6 Prior Authorization Number

HIPAA and Pharmacy Claims

The Department of Health and Welfare is preparing for implementation of the Health Insurance Portability and Accountability Act (HIPAA). Phase 1 of our implementation began in October. Our next phase of implementation will be in May, 2003. In Phase 2, we will adopt many HIPAA changes for Pharmacies. The following provides you with some information of planned implementation for Pharmacy claims.

Q. When will Medicaid begin accepting retail Pharmacy claims in the new HIPAA format?
A. The new format for retail Pharmacy claims is NCPDP 5.1. You must start using this format on May 5, 2003. Before submitting any claims, you or your vendor must contact EDS (our contractor) to test your new software with the Medicaid system. If you do not test with *EDS* before sending a claim in the new format, your claim will be rejected. *EDS* will help you understand what to expect with your HIPAA transactions. If you or your vendor are ready to test your software, you may contact *EDS* toll-free at: (866) 301-7751. This number is **ONLY** for testing your software. If you have questions pertaining to this information, you may email our helpdesk at: HIPAAComm@idhw.state.id.us

Q. Am I required to use the NCPDP 5.1 format for pharmacy claims on May 5, 2003, or can I continue to use my current software?
A. You must use the new NCPDP 5.1 format for pharmacy claims beginning May 5, 2003. Claims sent in any other format will be rejected.

Q. I use the Medicaid/*EDS* software (ECMS-PC) to submit Pharmacy claims. May I continue to use this software to bill Pharmacy claims?
A. This software will be replaced with new PES (Provider Electronic Solution) software by May 2003. The PES software will incorporate the NCPDP 5.1 format. You will need to use the new PES software to submit your Pharmacy claims. The software will continue to be free of charge.

Q. Will I be able to submit compound drugs electronically with NCPDP 5.1?
A. Yes. Beginning May 5, 2003, you may submit compound drug claims electronically.

Q. I only submit Pharmacy claims on paper, do I have to use the NCPDP 5.1 format?
A. If you ONLY submit your claims on paper forms, you will not need to use the NCPDP 5.1 format. You will continue to use the unique State of Idaho Drug Claim Form 352-013 (red form). However, there are many advantages of submitting claims electronically. If you would like more information about sending claims electronically, please send us an email at HIPAAComm@idhw.state.id.us, or contact your regional Provider Relations Consultant, or call (800) 685-3757.

Q. Where can I get additional information on HIPAA on the Internet?
A. http://cms.hhs.gov/hipaa/hipaa1/default.asp
http://www2.state.id.us/dhw/hipaa/home.htm

NOTE: Providers are reminded to use their Idaho Medicaid provider number on **all** correspondence with the Division of Medicaid and *EDS*.

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS Correspondence
PO Box 23
Boise, ID 83707

Provider Enrollment
P.O. Box 23
Boise, Idaho 83707

Medicaid Claims
PO Box 23
Boise, ID 83707

PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

DHW HIPAA Project
Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

ECMS-PC for Online Eligibility

Providers using the *EDS* software, ECMS-PC, have a convenient tool for checking client eligibility. By dialing directly into the Medicaid eligibility system, a provider can receive extensive information about the client, including any limitation in coverage, Healthy Connection provider and phone number, and the primary insurance's complete coverage information. ECMS-PC can be used for immediate verification during a client visit or periodically during the day in a batch routine. To do this, enter all the Medicaid patients as a group and send the batch request over your modem. The results will be returned within 24 hours.

It is still important that the person receiving the information review all claims that were denied for eligibility. If the client does not have Medicaid coverage, internal systems need to be established for immediate contact, computer updating, and communication to the appropriate staff on the outcome of all eligibility verification.

Contact your regional *EDS* provider relations consultant to arrange for an eligibility demonstration (the number is listed on page 5) or call MAVIS and ask for *AGENT* to request the ECMS-PC software. *EDS* software is available at no charge to providers. It will be upgraded to meet HIPAA requirements in 2003.

Entering Provider Numbers on the HCFA 1500

The following guidelines regarding entering provider identification numbers must be followed or the claim will be denied:

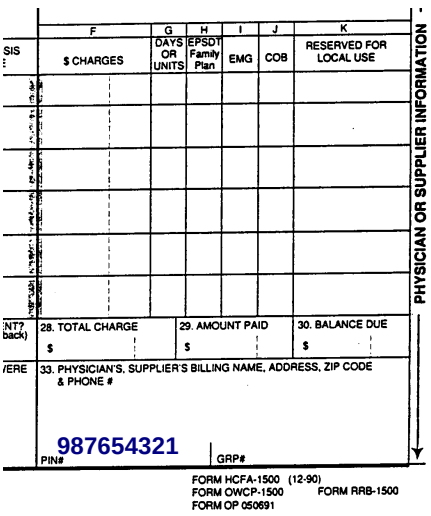
Individuals submitting paper HCFA 1500 claims:

- Enter the **individual** Idaho Medicaid Provider Identification Number next to PIN# in field 33
- Leave the space next to GRP# in field 33 blank
- Leave field 24K blank

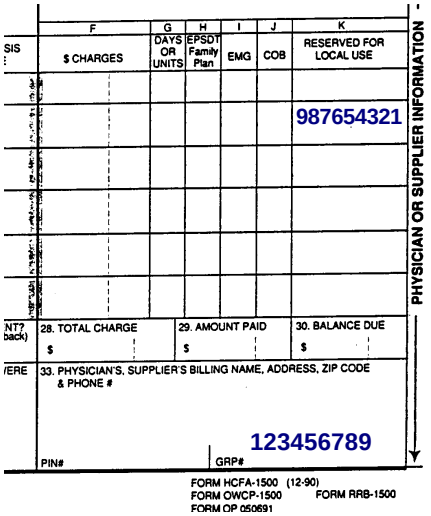
Groups submitting paper HCFA 1500 claims:

- Enter the **performing provider's** Idaho Medicaid Provider Identification Number in field 24K for each detail line
- Enter the **group** Idaho Medicaid Provider Identification Number next to GRP# in field 33
- Leave the space next to PIN# in field 33 blank

Individual Provider



Group Provider



1099 Federal Miscellaneous Information Form

Providers are reminded that the tax year is coming to a close. Please verify that the provider name and mailing address on your most recent RA is correct. After the first of the year, the federal 1099 form will be sent to the current name and address on file. Providers can avoid delays in receiving their 1099 form by ensuring that *EDS* has current information on file. Use the form provided below to make any necessary changes.

Change of Provider Information Authorization Form

Provider Number:	**Provider Name:**
Date requested information is effective:	
Please change the information for the following name(s) or address(es): _____ Pay-to _____ Mail-to _____ Service Location(s)	
Old Name	New Name (attach a signed W-9 with effective date if Pay-To name is changing)
Old Address:	New Address:
Old Telephone Number:	New Telephone Number:
Old Tax ID Number:	New Tax ID Number: (attach a signed W-9 with effective date)
Additional Comments	
Provider Signature: **Date Signed:**	

Mail to: EDS
Provider Enrollment
P.O. Box 23
Boise, ID 83707

Fax to: EDS
att. Provider Enrollment
(208) 395-2198

Information: (800) 685-3757

September 27, 2002

MEDICAID INFORMATION RELEASE # MA02-33

TO: **Dental Providers**
Denturists
Oral and Maxillofacial surgeons

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **Revised Policy of the Idaho Medicaid Dental Program**

Adult Dental Program (excluding PWC, addressed below)

Basic Rule. Idaho Medicaid's adult dental program covers emergency services only. Routine or preventive services for adults are not covered. A Medicaid client is considered an "adult" as of the first month after the month of their twenty-first birthday. The following changes to Idaho Medicaid's adult dental program are effective for dates-of-service on or after **July 1, 2002**:

Emergency Services Codes. The following dental codes constitute emergency services. Claims for these services can be submitted without additional documentation attached to the claim form.

D0140 D0150 D0220 D0230 D0270 D0330 D2940 D3220 D4341 D4355 D7110 D7120 D7130 D7210 D7220 D7230 D7250 D7510 D7910 D9110 D9220 D9221 D9241 D9242 D9310 D9420 D9430 D9440 D9930

Documentation of Other Services. Services listed in *Rules Governing the Medical Assistance Program* Sections 901 through 913 and 915 through 916 may also qualify as emergency dental services where the patient's condition requires immediate dental intervention based on the prevailing standards of dental practice within the community. A dentist, oral surgeon, or denturist submitting a claim using one of these codes shall attach documentation, signed by the client's treating dentist or oral surgeon, which certifies that, in the dentist's or oral surgeon's professional opinion, there is an emergent need for the service. Failure to include such documentation will result in a denial of the claim.

Benefit Limitations. Nothing in this revised policy increases any dental benefit beyond those in effect immediately prior to April 1, 2002.

* The Rules Governing the Medical Assistance Program can be viewed at www.accessidaho.org Administrative Rules IDAPA 16.03.09.900-916.

Clients residing in an ICF/MR

Emergency dental services for clients residing in an ICF/MR (Intermediate care facility for the mentally retarded) should be billed to Idaho Medicaid. All non-emergency dental services should be billed directly to the ICF/MR for reimbursement.

PWC (Pregnant Women and Children) Program

Medicaid covers only the following dental services for women who are on the PWC program:

D0140 D0220 D0230 D0330 D2940 D3220 D4341 D4355 D7110 D7120 D7130 D7210 D7220 D7230 D7250 D7510 D9110 D9310 D9420 D9430 D9440 D9930

Children's Dental Program

§ Effective **October 1, 2002**, the Handicapping Malocclusion Index will be modified. Numbers seven (Psychological) and eight (Speech/Language) are no longer applicable in the scoring process. A child receiving a point score of eight or more will be considered as having a handicapping malocclusion.

§ Physicians can now perform code D1203, "Topical application of fluoride, child (prophylaxis not included)", and bill for this service on a HCFA 1500 claim form. Physicians will be encouraged to contact a local dentist or District Health hygienist for training. Physicians will receive notification of this change November 1, 2002.

Pulp Vitality Test Clarification

Clarification of CDT-3 code D0460, "Pulp vitality test, includes multiple teeth and contralateral comparison(s), as indicated." Limited to six teeth per day. *Tooth designation required.*

Please remember to verify a client's eligibility each time they come in for a Medicaid-covered service to find out if they are enrolled in a restricted program or if they have active eligibility for that current month.

Questions regarding this information may be directed to Colleen Osborn (208) 334-5795 ext. 16. Thank you for your continued participation in the Idaho Medicaid Program.

September 30, 2002

MEDICAID INFORMATION RELEASE # 2002-34

TO: PROVIDERS USING THIRD PARTY EOB CODES

FROM: Randy May, Deputy Administrator, Division of Medicaid

SUBJECT: HIPAA ELECTRONIC ADJUSTMENT REASON CODES

Effective October 7, 2002, the State of Idaho will begin using the National HIPAA Adjustment Reason Codes. The HIPAA Adjustment Reason codes replace the Third Party EOB Codes that are currently used on electronic Third Party claims. Attached is a listing of the new Adjustment Reason codes.

Please delete your old list of Third Party EOB codes from any references you maintain, and replace it with the attached listing.

These codes are used to explain the payment of benefits for a claim. After the claim has been submitted to the primary insurance carrier and processed, these codes are used to explain how the claim was processed. Use the code that best explains how benefits were processed (paid or not paid).

If you have any questions please contact EDS at 1-800-685-3757. We have also listed a "Q&A" on our web site at: http://www2.state.id.us/dhw/hipaa/home.htm

Attachment

RM/pc

Information about Information Releases

To obtain a copy of a current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795 and press ext 10.

NOTE: An error was found in Information Release 2002-35 after it had been mailed out to providers. The corrected copy below supersedes any previous version providers may have received.

October 15, 2002

MEDICAID INFORMATION RELEASE #2002-35

TO: PHYSICIANS, OTHER HEALTH CARE PROVIDERS WHO PRESCRIBE, AND PHARMACISTS

FROM: PAUL SWATSENBARG, Deputy Administrator, Division of Medicaid

SUBJECT: COST EFFECTIVE USE OF LONG-ACTING OPIOID ANALGESICS IN NON-CANCER CHRONIC PAIN

Idaho Medicaid has recently identified significant opportunities for improving the prescribing of long-acting opioid analgesics for chronic pain. Long-acting opioid analgesics are frequently prescribed for Medicaid clients for use in non-malignant chronic pain such as chronic back pain, headaches, osteoarthritis, and neuropathic pain.

Although these medications are very effective in the treatment of this type of pain, they are also associated with a significant cost. Judicious, evidence-based use of these drugs can result in significant savings to the Idaho Medicaid Program.

There are few studies in the clinical literature that compare different long-acting agents to each other, to short-acting opioids, non-opioid medications, or placebos. With lack of sufficient evidence, the following three conclusions may be made:

1. No long-acting opioid has been shown to have superior efficacy over any other. Additionally, there is no evidence that shows long-acting agents to be superior in efficacy over short-acting agents in equivalent daily doses.

2. None of the long-acting opioids have an advantageous lower incidence of adverse effects in comparison to each other or over short-acting agents.

3. With little difference between efficacy and incidence of adverse effects, the cost of an individual agent becomes important in choosing a long-acting agent. Long- acting morphine, methadone, transdermal fentanyl, and levorphanol are considerably less expensive than long-acting oxycodone.

Based on the above information we are asking prescribers to evaluate their patients and whenever possible use one of the least expensive agents from the following list:

GENERIC	BRAND NAMES	DAILY DOSE	Approximate MONTHLY COST to Medicaid
Methadone HCL	Various Generics Dolophine® Methadose®	10 mg bid	$ 10
Fentanyl Patch	Duragesic®	50mcg/hr q 72 hrs	$ 200
Levorphanol	Levo-Dromoran®	4 mg bid	$ 100
Long Acting Morphine Sulfate	Various Generics Kadian® Oramorph SR® MS Contin®	30 mg bid	$ 100
Oxycodone	Oxycontin®	40 mg bid	$ 300

If you have any questions about this information, you can contact Tamara Eide, Pharmacy Services Specialist, at 208-364-1829. Thank you for your continued participation in the Idaho Medicaid Program.

PS/sk

MEDICAID INFORMATION RELEASE #MA02-36

TO: **HOSPICE AGENCIES**

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **HOSPICE SERVICE GUIDELINES**

The Idaho Medicaid Provider Handbook has been updated to include the current Hospice service guidelines. The most prominent revisions as of November 1, 2002, include the following:

1. An authorization is required for any client electing Hospice services. When the client has another insurance as the primary payer, the provider is still required to obtain prior authorization from the Department of Health and Welfare's (DHW) Medicaid Care Management Bureau. The Centers for Medicare and Medicaid Services (CMS) requires a Hospice agency to notify Medicaid when an individual, who is a Medicare beneficiary, elects or revokes the Hospice benefit. The Hospice benefit must be elected or revoked simultaneously under both programs.

2. Election of Hospice services requires written authorization by the Department. The requesting Hospice provider must submit to the Department of Health and Welfare (DHW) within five (5) working days of the election of Hospice by the client, the following:

- The completed Medicaid Care Management Hospice intake form
- The Hospice election form signed by the patient or legal representative
- The attending physician's history and physical
- The Hospice agency's plan of care, signed by the physician
- The physician's signed certification order stating that the individual's medical prognosis is for a life expectancy of 6 months or less
- A referral from the primary care provider if the patient is enrolled in Healthy Connections, unless the requesting provider is the primary care provider

3. The physician must sign the Hospice plan of care and the physician's certification within two (2) calendar days of the election of the Hospice benefit.

4. When a client revokes their Hospice election or expires, the Hospice agency must notify DHW within five (5) working days by faxing a copy of the original intake form with the revocation or death date documented.

5. All required documentation should be faxed to Hospice Care Management at (208) 364-1864.

6. When a Hospice recipient resides in a Nursing Home, the Hospice agency is responsible for reimbursing the Nursing Home the room and board payment.

7. Clients on a waiver who elect Hospice care must meet cost effectiveness criteria determined by the local Regional Medicaid Services unit (RMS).

A sample Hospice intake form has been included for your information and may be duplicated for your use. Please refer to the complete Provider Handbook for specific details related to Hospice services. The Provider Handbook can be accessed online at http://www.idahohealth.org with the Idaho Medicaid and Information for Providers links.

If you have any questions regarding this information, please contact Carolyn Burt-Patterson, LSW (208) 334-5795, ext. 18. Thank you for your continued participation in the Idaho Medicaid Program.

Attachment (see page 11, this form can be saved and copied as needed)

HOSPICE INTAKE FORM

FAX TO: Idaho Medicaid Care Management

1-208-364-1864

Today's Date	
REQUESTING AGENCY INFORMATION Hospice Contact Person	
Name of Hospice Hospice Medicaid Provider #	
Address	
Phone # Fax #	
PATIENT INFORMTION	
Name of Patient	Date of birth
Medicaid # Address Current of Residence	
Check one of the following	Skilled Nursing Facility Intermediate Care Facility for Mentally Retarded Own Home Certified Home
Date of Hospice Election	
Date of Death/Revoke Diagnosis	
ICD-9 Codes Check all of the following that apply – Patient has coverage including	Medicare A&D Wavier (Aged and Disabled) DD Wavier (Developmentally Disabled) PCS (Personal Care Service) Other In Home Care Specify Healthy Connections No Yes
Supporting Documents Required – please attach the following **Signing Physician**	Signed Hospice Election Form Current History and Physical Physician Certification Orders for Hospice Hospice Care Plan Healthy Connections Physician Referral # _____ Physician is Hospice Agency employee Physician is Hospice Volunteer Physician is private practitioner

EDS
P.O. Box 23
Boise Idaho 83707

PRSRT STD
U.S. POSTAGE PAID
BOISE, ID
PERMIT NO. 220

IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

Only a Click Away

Service providers will have a new, user-friendly application to help them do business with Medicaid. The as yet un-named system is a web-based data source that will provide information in a number of important areas:

- ☑ Programs
- ☑ Claims
- ☑ Procedure codes
- ☑ Payment processing status
- ☑ Client eligibility

The first release of the application, scheduled for the first quarter of 2003, will feature the ability to verify multiple eligibility inquiries at one time. The current system only allows one eligibility check at a time. Other functions will be added gradually after the start-up.

The new system is more user friendly, providing higher productivity for Medicaid providers who want to use the internet rather than the phone system to obtain information. When complete, providers will find the information they need is only a click away. Watch for additional details in future issues of *MedicAide*.

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

Co-Editors:
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Division of Medicaid

Cynthia Brandt,
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EDS

If you have any comments or suggestions, please send them to:

ruhlb@idhw.state.id.us

or

Becca Ruhl
DHW MAS Unit
PO Box 83720
Boise, ID 83720-0036

Fax: 208-364-1911

MedicAide
An informational newsletter for Medicaid Providers

From the Idaho Department of Health and Welfare, Division of Medicaid December 2002

In this issue:

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6 MA02-37: 72 Hour Emergency Supplies
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11 MA02-44: C-PAP Policy Revision

Distributed by the Division of Medicaid Department of Health and Welfare State of Idaho

Small Provider Billing Unit: Seeking New Providers for Training Program

The *EDS* Small Provider Billing Unit (SPBU) has helped over 290 providers learn how to bill their Medicaid claims quickly and efficiently. In the last 18 months 83 providers graduated from the program. Now the SPBU is looking for new providers to join the training program.

"My trainer was very helpful throughout the process. She answered any & all sorts of questions. I feel the person-to-person contact & availability made it so much easier."

Training is in three phases and can take up to a year. It addresses all aspects of Medicaid billing and answers the provider's specific questions about their own billing needs. Providers learn how to read an RA, request prior authorization, complete a claim form, verify eligibility and Healthy Connections, and use the provider handbook to answer other questions. A recent SPBU graduate went from billing 52% accurately the first time to a 92% success rate.

One reason for the success of the SPBU providers is that they move at their own pace. They start with the basics and build upon that foundation. At the beginning of their participation, providers send claim information to their SPBU trainer who completes the claims for them. As the providers see how it is done, they begin to bill and the trainer checks their claims for errors before they enter the system. In the last year, providers associated with the training program billed 49,589 claims. 41,908 were processed successfully and paid with an approval rate of 85%.

SPBU emphasizes electronic billing because providers save time and money using it. The program uses the *EDS* software that is available to all Idaho Medicaid providers at no charge. The SPBU trainer bills the provider's claims electronically, which allows them to see the claims processing in the system within 3-5 hours, rather than 3-5 days. About 75% of the providers who have graduated from the program have decided to continue billing electronically. In the future, training will be provided in the new *EDS* electronic billing software as it is rolled out to meet HIPAA requirements.

The SPBU is currently looking for new providers to join the training program. The only requirement is that the provider bill fewer than 100 Medicaid claims a month. While emphasis is placed on electronic billing, paper billing is also explained. There is no charge for participation in the training program.

If you are interested in learning more about the Small Provider Billing Unit, please call **MAVIS** at (800) 685-3757; ask for *AGENT*. Tell the agent that you would like to speak to the SPBU and they will forward your call to one of the SPBU trainers.

Submitted by EDS

Pharmacy Updates

Additions to PA List for Brand Name Products

The following medications have been added to the list requiring prior authorization for the brand name product. Generic equivalents are available without prior authorization.

- Prozac®
- Buspar®
- Glucophage®
- Mevacor®

Duratuss AM/PM®

Duratuss AM/PM® was recently released by UCB Pharma, consisting of a blisterpack of twenty tablets. The "AM" tablet contains pseudoephedrine 120mg and guaifenesin 1200mg, the "PM" tablet contains guaifenesin 1200mg only. The brand name product requires prior authorization, and the Medicaid Pharmacy Unit requests pharmacies dispense the generic equivalent medications.

Betaseron®

Betaseron® (interferon beta-1b) injection will no longer require manual billing after December 1, 2002. The system will allow electronic billing after that date. Providers are reminded to bill a quantity of one for each 0.3 mg dose of Betaseron®.

Prescription Splitting

The Idaho Department of Health and Welfare Medicaid Pharmacy Provider Handbook, section 3.2.15.2, states that, "*multiple dispensing of maintenance medications and 'prescription splitting' must be justified by the pharmacist and the reason documented on the hard copy of the prescription. This must be a sound medical reason and not just for the convenience for the client, facility or pharmacy. DHW determines the validity of such a rationale*." This means evasive procedures, i.e. dispensing only a 15 days supply of a maintenance medication because a 30-day supply was denied at point of service due to quantity limits, is considered **fraud**. If audited, recoupment of paid claims may occur. For proper reimbursement, a quantity override form must be submitted by the prescriber and, if approved, the claim must be billed on paper.

Submitted by DHW

Pharmacies: New Red Paper Claim Form

In October EDS began mailing out a new red pharmacy claim form to affected providers. These red forms will aid in scanning claims.

Effective **January 1, 2003**, only the red form will be accepted for paper claim processing. Any blue forms received after that date will be returned to the submitting provider along with a supply of the red forms. Additional forms can be ordered at no charge from EDS. Call MAVIS and ask for *AGENT*. The numbers are:

(800) 685-3757 (toll free)
(208) 383-4310 (Boise calling area)

Submitted by EDS

DHW Phone Numbers Addresses Web Sites

DHW Websites:
www.idahohealth.org
www2.state.id.us/dhw
www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

DHW Customer Service
(800) 378-3385
(208) 334-5795

Idaho Careline
211 (not available in all areas)
(800) 926-2588

Provider Fraud and Utilization Review
P. O. Box 83720
Boise, ID 83720-0036
(866) 635-7515 (toll free)
(208) 334-0675
Email:
~medicaidfraud&sur@idhw.state.id.us
(note: begins with ~)
Internet:
www2.state.id.us/dhw/Medicaid/providers/fraud.htm

Healthy Connections
Region I - Coeur d'Alene
(208) 666-6766
(800) 299-6766

Region II - Lewiston
(208) 799-5088
(800) 799-5088

Region III - Caldwell
(208) 455-7280
(800) 494-4133

Region IV - Boise
(208) 334-4676
(800) 354-2574

Region V - Twin Falls
(208) 736-4793
(800) 897-4929

Region VI - Pocatello
(208) 239-6260
(800) 284-7857

Region VII - Idaho Falls
(208) 528-5786
(800) 919-9945

Spanish Speaking
(800) 862-2147

Statewide
Americana Terrace
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5795
(800) 378-3385

Prior Authorization Phone Numbers Addresses Web Sites

DME Prior Authorizations
DME Specialist
DHW Bureau of Medicaid Programs
PO Box 83720
Boise, ID 83720-0036
(866) 205-7403 (toll free)
Fax
(800) 352-6044
(att: DME Specialist)

EMS Review Unit
(800) 362-7648
(208) 334-2484
Fax
(800) 359-2236
(208) 334-5242

PCG
P.O. Box 2894
Boise, ID 83701
(800) 873-5875
(208) 375-1132
Fax (208) 375-1134

Pharmacy
P.O. Box 83720
Boise, ID 83720-0036
(877) 200-5441 (toll free)
(208) 364-1829
Fax (208) 364-1864

Web: www2.state.id.us/dhw/medicaid/providers/pharmacy.htm

Qualis Health (telephonic & retrospective reviews)
10700 Meridian Ave. N.
Suite 100
Seattle, WA 98133-9075
(800) 783-9207
Fax (800) 826-3836 or
(206) 368-2765

Qualis Health Website
www.qualishealth.org/idahomedicaid.htm

Transportation Prior Authorization Unit
(800) 296-0509
(208) 334-4990
Fax
(800) 296-0513
(208) 334-4979

New Internet Service Planned for Providers

This is the second in a series of articles that will share information about a new Web-based application (un-named as of this issue) that will be available to service providers doing business with Medicaid. Be sure to check next month's *MedicAide* for additional details.

What is this new Internet service all about?
DHW is creating a computer application which will be available to providers via the Internet. When fully implemented, providers can use the application to access information on client eligibility, claim payment status, national drug codes, and procedure codes.

What impact does this have on MAVIS, the voice response system?
MAVIS will NOT be impacted by this new application, and will continue to remain available to providers. The Web application gives providers another, more flexible, convenient delivery method for retrieving the same information. For example, multiple queries for client eligibility can be processed at once. The application also allows providers to generate a printer-friendly copy of the data represented on the screen.

Will this be HIPAA compliant?
Yes, the application will comply with both HIPAA Codes and Transactions and HIPAA Security requirements.

What type of equipment or software will be needed for Providers to use the system?
At this time, providers would be required to have a computer with Internet access and an Internet browser to use this application. To comply with security needs, the Internet browser used (for example, Internet Explorer or Netscape) will need to be a recent version. We will provide details on how to check and upgrade your browser; most upgrades are free and available over the Internet. Additional details will be made available in upcoming months for any further requirements.

What special skills or training will we need to use it?
No special skills will be required to use the Web application, although a basic familiarity with computers and the Internet is helpful. You'll find the application user-friendly. Screens will reflect an organizational format and text similar to that used in MAVIS. Online help files will be available to provide detailed instructions and how-to's. Screens will also display basic instructions for use.

When will the application be available?
Release 1, which focuses on client eligibility, will be available in May 2003 to coincide with other necessary system changes for HIPAA compliance.

Where can I get more information about this Internet application?
For more information, providers can contact Jennifer Mercer (208) 334-6992 or via email at mercerj2@idhw.state.id.us

Submitted by DHW

1099 Federal Miscellaneous Information Form for 2002

Providers are reminded that the 2002 tax year is coming to a close. Please verify that the provider name and mailing address on your most recent RA is correct. After the first of the year, the federal 1099 form will be sent to the current name and address on file with *EDS*. Avoid delays in receiving the 1099 form by ensuring that *EDS* has current information on file. Please use the Change of Provider Information Authorization Form found in your Provider Handbook Forms Appendix or that was included in the November newsletter.

Make it a routine practice to notify *EDS* Provider Enrollment whenever changes are made to phone numbers, mailing and billing addresses, names of group members, W-9 changes, and banking information for EFT

Submitted by EDS

Electronic Billing and Eligibility Verification

H I P A A
Health Insurance Portability and Accountability Act
Idaho Department of Health & Welfare

The Health Insurance Portability and Accountability Act (HIPAA) has nationwide impact on the health care industry. Some of those changes include how electronic claims are transmitted and how client eligibility is verified. The following information gives an explanation of some HIPAA changes for electronic billing and eligibility verification.

Provider Electronic Solutions (PES)

The current users of ECMS-PC (Idaho Medicaid software) will be receiving replacement software called Provider Electronic Solutions (PES). This software will continue to be provided at no cost. With PES providers will be able to submit Institutional, Professional, Dental, and Pharmacy claims to Medicaid in the standardized HIPAA format. However, PES cannot be used to submit claims to other health plans; it is only for Idaho Medicaid billing.

PES will be mailed to all current users of the Idaho Medicaid software in late April or early May, 2003. Providers not currently using the Idaho Medicaid software but who would like to use PES, can request this software through one of the following resources:

(800) 685-3757 (toll-free outside of the Boise calling area)
(208) 383-4310 (Boise calling area)
Email: HIPAAcomm@idhw.state.id.us

PES is designed to operate on a personal computer system with the following system requirements:

Minimum	*Recommended*
Pentium	Pentium
Windows 95/98	Windows 2000, Windows XP, Windows ME, or Windows NT
64 Megabytes RAM	128 Megabytes RAM
800 X 600 Resolution	1024 X 768 Resolution
9600 Baud Rate Modem or faster	9600 Baud Rate Modem or faster
CD-ROM	CD-ROM
Printer is preferred	Printer

Providers can also use PES to verify Medicaid eligibility. This can easily be done with a batch request each morning for all clients scheduled for the day. Users can also verify Medicaid eligibility interactively as each client arrives for their appointment.

In the past, Idaho Medicaid supplied a POS device to verify Medicaid client eligibility. These devices will not function after May 2003 because the software on the current devices is not HIPAA compliant. The Department is considering alternatives for these devices, and will notify provider of these alternatives in the near future.

The Medicaid Automated Voice Information Service (MAVIS) will continue to be available to providers who wish to call for Medicaid eligibility verification. The toll-free number is: (800) 685-3757 and (208) 383-4310 (within the Boise calling area).

Providers who have additional questions about HIPAA may email the DHW HIPAA Project team at: HIPAAcomm@idhw.state.id.us

The following Web sites also have general information about HIPAA:

http://www.cms.gov/hipaa/
http://snip.wedi.org/
http://www2.state.id.us/dhw/hipaa/index.htm

Submitted by DHW

EDS Phone Numbers Addresses

MAVIS
(800) 685-3757
(208) 383-4310

EDS
Correspondence
PO Box 23
Boise, ID 83707
Provider Enrollment
P.O. Box 23
Boise, Idaho 83707
Medicaid Claims
PO Box 23
Boise, ID 83707
PCS & ResHab Claims
PO Box 83755
Boise, ID 83707

EDS Provider Fax
(208) 395-2198

Client Assistance Line
Toll free: (888) 239-8463

H I P A A
DHW HIPAA Project

Mail:
DHW HIPAA Project
DHW
PO Box 83720
Boise, ID 83720-0036

Email:
HIPAAComm@idhw.state.id.us

Fax:
DHW HIPAA Project
(208) 334-0645

Internet:
www.idahohealth.org
(select H&W HIPAA quicklink)

Software Testing:
(866) 301-7751

EDS Phone Numbers Addresses

Provider Relations Consultants

Region 1
Prudie Teal
1120 Ironwood Dr., # 102
Coeur d'Alene, ID 83814

prudie.teal@eds.com
(208) 666-6859
(866) 899-2512 (toll free)
Fax (208) 666-6856

Region 2
JoAnn Woodland
1118 F Street
P.O. Drawer B
Lewiston, ID 83501

joann.woodland@eds.com
(208) 799-4350
Fax (208) 799-5167

Region 3
Mary Jeffries
3402 Franklin
Caldwell, ID 83605

mary.jeffries@eds.com
(208) 455-7162
Fax (208) 454-7625

Region 4
Jane Hoover
1720 Westgate Drive, # A
Boise, ID 83704

jane.hoover@eds.com
(208) 334-0842
Fax (208) 334-0953

Region 5
Penny Schell
2241 Overland Avenue
Burley ID 83318

penny.schell@eds.com
Burley: Tuesday & Friday
(208) 677-4002

Twin Falls: Mon, Wed, Thurs
(208) 736-2143
Fax (208) 678-1263

Region 6
Sheila Lux
1070 Hiline Road
Pocatello, ID 83201

sheila.lux@eds.com
1-208-239-6268
Fax 1-208-239-6269

Region 7
Bobbi Woodhouse
150 Shoup Avenue
Idaho Falls, ID 83402

bobbi.woodhouse@eds.com
(208) 528-5728
Fax (208) 528-5756

Preparing Paper Claims for Scanning

It is very important that **all** paper claims are easy to read and the required information is in the correct field. Please follow these guidelines to ensure that your claim is ready for scanning.

1. Use an original **red** HCFA, UB92, or Pharmacy claim form. Dental providers are encouraged to use the **red** ADA 2000. Black or blue forms are only allowed for dental providers; all others will be returned.
2. Use **black** ink on the color form.
3. The ideal font is Courier 10
4. Use a typewriter with a good ribbon or a printer with a good ink cartridge. Change the ribbon or ink source when the print becomes light.
5. Be sure to stay within the box for each field.
6. When using a typewriter or printer, make sure the form is lined up correctly so it prints evenly. This means adjusting the form both side-to-side as well as up and down. Claims cannot be processed when the information "slips" out of the correct field.
7. When completing the form by hand, print neatly using block letters.
8. When entering an **X** in a check-off box, be sure that the mark is centered in the box.
9. Use correction strips to cover errors.
10. Enter only one line of data in each detail row of the HCFA 1500 form. Additional data (e.g., descriptions of CPT or HCPCS codes) might cause errors in reading required data.
11. To emphasize information on an attachment, draw a bracket at the beginning of the row with a black or blue marker.
12. Check your provider handbook for the required fields. When billing Medicaid there is no need to enter data into fields that are not required.
13. Do not staple attachments to the claim form. Stack them behind the claim. (See your handbook and bill electronically when no attachment is required.)
14. Do not fold the claim form. Mail it flat in a 9x12 envelope (minimum size).

How to Emphasize Information on Attachments

The best way to emphasize information on an attachment is to use a bracket. While a highlighter attracts attention on the original page, it has unintended consequences when claims and attachments are scanned. Green and blue highlighters black out the highlighted information. Yellow, orange, and pink highlighters disappear and are not seen at all on the scanned image.

Instead, use a **blue** or **black** marker with a medium point to make a bracket at the start of the detail row. (If a red pen is used to bracket data, the bracket will disappear in the scanning process.) See the sample below for an example of how to draw attention to information on attachments.

Submitted by EDS

Sample

CHRISTIE	A	235621456	A2	.00	.00	13.70	.00	27.40
CRICHTON	M	653284953	A2	.00	.00	28.50	.00	52.45
GRAFTON	S	201564201	B3	.00	.00	62.50	.00	78.56
LEONARD	E	216801220	A2	.00	.00	28.50	.00	52.46
LUDLUM	R	359264821	A2	.00	.00	13.70	.00	27.40
TUROW	S	202150221	A2	.00	.00	28.50	.00	52.45

November, 15, 2002

MEDICAID INFORMATION RELEASE # MA02-37

TO: **ALL PHARMACIES**

FROM: PAUL SWATSENBARG, Deputy Administrator

SUBJECT: **72-Hour Emergency Supplies**

Effective immediately Medicaid point of sale (POS) pharmacy claims will allow the electronic billing of a 72-hour emergency supply of medication that requires prior authorization. If the pharmacist, in his/her professional judgment, believes an eligible recipient has an immediate need for a Medicaid covered medication requiring prior authorization after normal Medicaid business hours, he/she may use the POS override codes listed below. When utilizing the 72-hour electronic override codes, a completed PA request must still be faxed to the Medicaid Pharmacy Section at 208-364-1864 for processing.

All of the following conditions must be met to use the 72-hour override codes:

- The client is Medicaid eligible on the date of service
- The prescription is new to the pharmacy
- The medication requires prior authorization
- The days supply for the emergency period does not exceed three (3) days

The 72-hour override codes for POS pharmacy claims are:

TP	(Conflict code)	Payor/Processor Question
MR	(Intervention code)	Medication Review
1F	(Outcome code)	Filled, with different quantity

Please note: These codes are intended to be used sparingly, and only when absolutely necessary. Frivolous or subsequent overrides are not acceptable and will be subject to audit by the Department. The 72-hour override is limited to ONE TIME for the initial prescription and the use should be documented on the hard copy prescription.

In the event that Medicaid subsequently denies prior authorization for the prescription in question, payment will still be made to the pharmacy provider for the 72-hour emergency supply.

If you have technical questions about how to use these override codes, please contact EDS at (208) 383-4310 or (800) 685-3757. For policy questions, please contact the Medicaid Pharmacy Unit at (208) 364-1829.

Your participation in the Medicaid program is appreciated.

PS/ea

Update on Information Release #2002-39

Information release #2002-39 was mailed to Aged and Disabled (A&D), Traumatic Brain Injury (TBI) and Developmental Disability (DD) waiver providers on or about November 18, 2002. Since that date, Governor Kempthorne has directed the Department to supend its budget holdback initiatives related to these waivers. A corrected information release directed to A&D, TBI and DD providers will be sent in the near future.

November 18, 2002

MEDICAID INFORMATION RELEASE # 2002-39

TO: **CASE MANAGEMENT PROVIDERS**
HCBS WAIVER FOR DD ADULTS PROVIDERS
HCBS WAIVER FOR AGED/DISABLED PROVIDERS
HCBS WAIVER FOR TBI PROVIDERS
NURSING HOME ADMINISTRATORS
ICFs/MR ADMINISTRATORS

FROM: Paul Swatsenbarg, Deputy Administrator, Division of Medicaid

SUBJECT: **PROGRAM CHANGES**

Idaho's tight budget has forced the Department of Health and Welfare and other state agencies to cut expenditures wherever possible. To meet the state's budget needs, the Governor and the Department have tried to find areas that will have the least impact on participants. Unfortunately, some Medicaid participants and service providers will see reductions in services and reimbursement. Effective December 1, 2002, several changes in reimbursement and policy for Medicaid programs will be implemented. The services affected include:

1. Targeted Service Coordination for Individuals with Developmental Disabilities (TSC) and Early & Periodic Screening, Diagnosis, & Treatment (EPSDT) Service Coordination (ESC)
2. Targeted Case Management for Individuals with Mental Illness (TCM-MI)
3. Level of Care Criteria for the Aged & Disabled (A&D) and Traumatic Brain Injury (TBI) Waivers
4. Level of Care Criteria for the Developmental Disabilities Waivers
5. Residential Habilitation

1) Developmental Disabilities Service Coordination (TSC) and EPSDT Service Coordination (ESC) reimbursement rates for on-going services will be reduced by 30 percent. Case load limits and 24-hour availability requirements will be removed. Crisis hours will remain unchanged, but must be prior authorized for adults and children. The new rates for TSC and ESC are:

   i. 8252A = Monthly rate, first 6 months of service - $121.20 per month;

   ii. 8259A = Monthly rate, ongoing after first 6 months of service - $98.48 per month.

   iii. 9361P = Monthly rate, first 6 months of service - $121.20 per month;

   iv. 9362P = Monthly rate, ongoing after first 6 months of service - $98.48 per month.

2) Ongoing Targeted Case Management for Individuals with Mental Illness (TCM-MI) (8196A) will be limited to four (4) hours per client per month. Hours for initial evaluation and initial service planning (8195A) will be reduced from eight (8) hours to six (6) hours. Crisis assistance will no longer be a required core element of the service. Case load limits and 24-hour availability requirements will be removed. Case Management clients may access crisis assistance from the Regional Community Mental Health Centers. Psycho-Social Rehabilitation (PSR) option crisis services will remain unchanged.

3) Nursing home level of care criteria for A& D and TBI Waiver eligibility will change from requiring 12 points on the Uniform Assessment Instrument (UAI) to 21 points for new applicants on December 1, 2002. This change in eligibility criteria for current waiver clients will take effect on February 1, 2003. Providers will receive a letter from Regional Medicaid Services informing them of the numbers of clients losing services and their options.

   ***** According to our review of persons currently residing in a Nursing Facility, the change in level of care criteria will NOT affect current residents. Regional staff will conduct re-evaluations only if there is significant change in a resident's condition. New applicants for admission to a Nursing Facility under Medicaid after December 1, 2002, will be subject to the changes in level of care criteria.

4) Developmental Disabilities Waiver eligibility will change for new applicants on December 1, 2002. The criteria using the Scales of Independent Behavior – Revised (SIB-R) and supporting information have changed to identify those needing reater levels of support. The change in eligibility for current waiver clients will take effect on February 1, 2003.

   ***** According to our review of persons currently residing in Intermediate Care Facilities for the Mentally Retarded, the change in level of care criteria will NOT affect current residents. Regional staff will conduct re-evaluations only if there is significant change in a resident's condition. New applicants for admission to an ICF/MR under Medicaid after December 1, 2002, will be subject to the changes in level of care criteria.

5) Reimbursement for Residential Habilitation Agency Specialized Family Home Affiliation, daily (0919B) will be reduced from the current rate of $13.07 to $6.54 per client per day.

If you have any questions about this information call the Medicaid Customer Service Unit at (208) 334-5795, ext. 4, locally or 1-800-378-3385.

PS/pm

The following letter, dated November 18, 2002, was sent to Idaho Medicaid clients who receive mental health case management services. It informs them of the action taken in Information Release #2002-39. The list of mental health crisis assistance telephone numbers referred to in the letter is not included in this newsletter.

Dear Medicaid Recipient:

Because of Idaho's tight budget, the Governor has directed the Department of Health and Welfare and other state agencies to cut expenditures. As a result, Medicaid is reducing some services.

Starting December 1, 2002, there will be some changes in your **mental health case management services** that you need to be aware of.

- You will be limited to four (4) hours of **case management** services per month.
- Your case manager will not be required to provide twenty-four (24) hour case management services.

These changes do not affect any other mental health services you may be receiving such as mental health clinic services or psycho-social rehabilitation.

If you need crisis assistance and your case manager is not available or you have used all of your allowed case management hours, you have several options:

- If you receive psychosocial rehabilitation (PSR) services, you may contact your PSR worker to help you through the crisis.
- If you receive mental health clinic services, you may be eligible for crisis counseling services.
- If you do not receive PSR or mental health clinic services, you may contact your regional mental health program at any time of the day to receive help with your crisis.

We have enclosed a list of local mental health programs crisis assistance telephone numbers.

If you have any questions about this information call the Medicaid Customer Service Unit at (208) 334-5795, ext. 4 locally or 1-800-378-3385.

October 31, 2002

MEDICAID INFORMATION RELEASE #MA02-40

TO: **HOSPITAL PROVIDERS**

FROM: Randy May, Deputy Administrator, Division of Medicaid

SUBJECT: **CESAREAN DELIVERIES ALLOWED FOUR DAYS PRIOR TO REVIEW**

Effective for dates of service on or after November 1, 2002, cesarean section deliveries will be allowed a four-day inpatient length of stay before a continued stay review is required with the Department's Quality Improvement Organization, Qualis Health.

Admissions with the following admitting and/or primary diagnosis codes will no longer require a review after three days, but now will be reviewed if the patient is not discharged after the fourth day:

ICD-9 Codes: 669.70
669.71

Contact Qualis Health toll-free at 800-783-9207 for a telephonic review or fax your request to 800-826-3836.

Questions regarding this information may be directed to Arlee Coppinger at 208-334-5754. Thank you for your continued participation in the Idaho Medicaid program.

RWM/arc/co

Medicaid Information Release MA02-43

To: **Hospitals, Physicians, Independent Diagnostic Clinics, and Radiologists**

FROM: Paul Swatsenbarg, Deputy Administrator

SUBJECT: **PET (Positron Emission Tomography) Scan Coverage Information**

Effective for dates of service on or after December 1, 2002, Idaho Medicaid is adopting specific sections of the 2002 coverage criteria that have been established by Cigna Medicare for the following PET scan codes (2002 Cigna Medicare *Coverage Issues Manual).* At this time, Idaho Medicaid does not cover PET scans that are not listed below. For hospital providers, you will need to report the revenue code 404 with the appropriate G-code attached on the UB92 claim form.

G0125 PET imaging regional or whole body; single pulmonary nodule

G0210 PET imaging whole body; diagnosis; lung cancer, non-small cell

G0211 PET imaging whole body; initial staging; lung cancer, non-small cell (replaces G0126)

G0212 PET imaging whole body; restaging; lung cancer, non-small cell

G0213 PET imaging whole body; diagnosis; colorectal cancer

G0214 PET imaging whole body; initial staging; colorectal cancer

G0215 PET imaging whole body; restaging; colorectal cancer (replaces G0163)

G0216 PET imaging whole body; diagnosis melanoma

G0217 PET imaging whole body; initial staging; melanoma

G0218 PET imaging whole body; restaging; melanoma (replaces G0165)

G0219 PET imaging whole body; melanoma for non-covered indications

G0220 PET imaging whole body; diagnosis; lymphoma

G0221 PET imaging whole body; initial staging; lymphoma (replaces G0164)

G0222 PET imaging whole body; restaging; lymphoma (replaces G0164)

G0223 PET imaging whole body or regional; diagnosis; head and neck cancer; excluding thyroid and CNS cancers

G0224 PET imaging whole body or regional; initial staging; head and neck cancer; excluding thyroid and CNS cancers

G0225 PET imaging whole body or regional; restaging; head and neck cancer; excluding thyroid and CNS cancers

G0226 PET imaging whole body; diagnosis; esophageal cancer

G0227 PET imaging whole body; initial staging; esophageal cancer

G0228 PET imaging whole body; restaging; esophageal cancer

G0229 PET imaging; metabolic brain imaging for pre-surgical evaluation of refractory seizures

G0230 PET imaging; metabolic assessment for myocardial viability following inconclusive SPECT study

G0252 PET imaging for initial diagnosis of breast cancer and/or surgical planning for breast cancer

G0253 PET imaging for breast cancer, staging/restaging of local regional recurrence, or distant metastases

G0254 PET imaging for breast cancer, evaluation of response to treatment, performed during course of treatment

The Department requires a prior authorization review on all PET scans. Prior authorization must be obtained before the client receives the requested services. A prior authorization request form is included with this information release. Please submit all authorization requests to Idaho Medicaid, Bureau of Care Management, PO Box 83720, Boise, ID, 83720-0036; or fax your request to (208) 364-1864.

For questions regarding PET scan prior authorizations, please contact Susan Wendland (208) 364-1972. For all other questions regarding PET scans, please contact Colleen Osborn (208) 334-5795, ext. 16. Thank you for your continued participation in the Idaho Medicaid Program.

PS/co

NOTE: The PET Scan Prior Authorization Intake Form on following page can be saved and copied as needed.

PET SCAN PRIOR AUTHORIZATION INTAKE FORM

FAX TO: Idaho Medicaid Care Management
(208) 364-1864

Today's Date	
Name of Requesting Agency	
Address	
Phone #	
Fax #	
Contact Person	
Agency Medicaid Provider #	
Ordering Physician	
Healthy Connections Physician and referral number (if applicable)	
Patient Name	
Medicaid #	
Diagnosis	
ICD-9 Codes	
Reason for PET Scan Request	
Type of PET Scan Requested	
HCPCS Billing Code (i.e. G-code)	
Requested Date-of-Service	
Supporting Documents ***Required*** – please attach the following	Summary of patient's medical condition Current History and Physical Previous CT Scan results (if applicable) Previous MRI results (if applicable)
Medicaid Use Only	
Prior Authorization #	
Dates Approved	
Request Denied	
Reason Denied	
Log Completed by Staff Signature	

December 01, 2002

MEDICAID INFORMATION RELEASE MA02-44

TO: **Durable Medical Equipment (DME) Providers**
FROM: Paul Swatsenbarg, Deputy Administrator
SUBJECT: **C-PAP Policy Revision**

Policy Statement: C-PAP supplies are separately billable items that do not require prior authorization from the Department.

The Department met with several DME providers at the Big Sky Association meeting in September. During the discussion regarding Medicaid C-PAP policy, it was discovered the 2001 CIGNA Medicare DMERC supplier manual, which Medicaid adheres to, incorrectly listed that all C-PAP supplies were considered inclusive in the monthly rental price of the machine. The Department was directed to where the corrected information from DMERC was listed regarding separately billable supplies.

Idaho Medicaid will no longer consider C-PAP supplies inclusive within the rental price of a C-PAP machine for dates of service **July 1, 2002**. Supplies are now separately billable items that do not require prior authorization from the Department. Claims for C-PAP supplies for dates of service on or after July 1, 2002, which were previously denied, may be rebilled. Please remember that denied items are not adjustments and should therefore be billed to EDS the same as a new claim.

Medicaid would like to thank the Big Sky Association for their assistance to the Department.

Please direct all questions regarding this information to Colleen Osborn at 208-334-5795, ext. 16. Thank you for your continued participation in the Idaho Medicaid program.

PS/co

Information Releases on Web

To obtain a copy of any current information release, please check the DHW website at **www2.state.id.us/dhw** and select **Medicaid**. If you do not have access to the Internet or do not see the specific release listed and would like a copy, please call (208) 334-5795 and press ext 10.

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IDAHO DEPARTMENT OF HEALTH & WELFARE

Attention: Business Office

December Office Closure

The Department of Health and Welfare and *EDS* offices will be closed for the following State holiday:

Christmas Day, December 25

A reminder that MAVIS, the Medicaid Automated Voice Information Service, is available on State holidays at:

(800) 685-3757 (toll-free) (208) 383-4310 (Boise local)

MedicAide is the monthly informational newsletter for Idaho Medicaid providers.

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